1. CHECK APPROPRIATE BOX[ES]: Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 7.5478 5.4.00 7.548 5.4.00 7.5478 5.5.00 7.54788 7.54788 7.56787 <th>APPOINTMENT OF CAMPAIGN TREASU AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE) NOTE: This form must be on file with the qual officer before opening the campaign account.</th> <th></th> <th>Second Second</th>	APPOINTMENT OF CAMPAIGN TREASU AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE) NOTE: This form must be on file with the qual officer before opening the campaign account.		Second Second	
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CARL L. Sub15 4. Telephone 5. E-mail address $3.64 \text{ H5H} \oplus \text{Habs}, \text{ cond}$ 7548 54nD or Bay Dailer 3464 (850) 6. Office sought (include district, circuit, group number) and 1454 $\oplus \text{Habs}, \text{ cond}$ 7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate. 8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a Party candidate. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 7. FFANY M. Shi, H 12. Telephone 12. Telephone 41 C 3 CHERRY ST. Campaign Treasurer Deputy Treasurer 13. City 14. County 15. State 16. Zip Code 17. E-mail address BAY FL 32404 for Haw Address State BAY RAY 15. State 16. Zip Code 17. E-mail address BAY FL 32404 for Haw Address State BAY Cauty 15. State 16. Zip Code 17. E-mail address BAY CAU BAY FL 32404 for Haw Address				
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4/03 $4/203$ $4/203$ $5/200$ $6/200$ $8/2$	10. Name of Treasurer or Deputy Treasurer			
4/03 $HERRY$ $5T$ 9 (850) $8/4 - 0603$ 13. City 14. County 15. State 16. Zip Code 17. E-mail address PANAMA City BAY FL 32404 filled anne City Secondary Depository 18. I have designated the following bank as my Primary Depository Secondary Depository Secondary Depository 19. Name of Bank 20. Address $60/$ Hwy 231 21. City 22. County 23. State 24. Zip Code PANAMA City BAY BAY Respire 21. City 22. County 23. State 24. Zip Code PANAMA City BAY BAY Respire 25. Date 26. Signature of Candidate X Call J. Jacua 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) , do hereby accept the appointment 1. $T: F:FANY$ M. Smith , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. Deputy Treasurer.	1. Frany 1. Mailing Address 11. Mailing Address 12. Telephone			
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BAY CREDIT UNION 601 Hwy 231 21. City 22. County PANAMA City 22. County BAY FLoriDA 24. Zip Code 3 & 404/5 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate 1 - 23 - 2020 X Coll I. Januar 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1, TIFFANY M. Smith (Please Print or Type Name) designated above as: Campaign Treasurer				
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PANAMA City BAY Ex. State 3 A404/5 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 3 A404/5 25. Date 26. Signature of Candidate 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1. <u>TIFFANY</u> <u>M.</u> (Please Print or Type Name) Deputy Treasurer.		60		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1, <u>TFFANY</u> M. <u>Smith</u> (Please Print or Type Name) designated above as: <u>Campaign Treasurer</u>				
1-23-2020 X Cal I. Saula 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 1, <u>TFFANY M. Smith</u> , do hereby accept the appointment (Please Print or Type Name) designated above as: X Campaign Treasurer	UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND			
(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.	25. Date	26. S	ignature of Candidate	
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(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.	27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)			
designated above as: 🔀 Campaign Treasurer 🖵 Deputy Treasurer.	I, <u>TEFANY M.</u> , do hereby accept the appointment			
	/ (Please Print or Type)	Name)		
Image: 1 - 23 - 2020 X July Ml. Image: Mile 15-2.0001, F.A.C. Date Signature of Campaign Treasurer or Deputy Treasurer DS-DE 9 (Rev. 10/10) Rule 15-2.0001, F.A.C.	designated above as: 🛛 🔀 Campaign T	reasurer		
Date Signature of Campaign Treasurer or Deputy Treasurer DS-DE 9 (Rev. 10/10) Rule 1S-2.0001, F.A.C.	1-23-2020	X Stal	NY1. In the	
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