APPOINTMENT OF CAMPAIGN TREASURER 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 qualifying





officer before opening the campaign account.		,9	OFFICE USE ONLY					
1. CHECK APPROPRIATE BOX(ES):								
Initial Filing of Form	Re-filing to Change:	☐ Trea	asurer/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								
Winston Chester		code) 6726 Toepfer Blvd.						
4. Telephone	5. E-mail address	******	Southport, FL 32409					
(850) 819-5548	winstonchester5@gm	ail.com	m					
6. Office sought (include district, circuit, group number) School Board, District 4 BAY COUNTY 7. If a candidate for a nonpartisan 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								
Write-In No Party AffiliationParty candidate.								
9. I have appointed the following person to act as my								
10. Name of Treasurer or Deputy Treasurer								
William Perry								
11. Mailing Address 12. Telephone								
455 Harrison Avenue (850) 914-2277								
13. City	14. County 15. Sta		1					
Panama City	Bay	FL	32401 wperry@wdbass.com					
18. I have designated the following bank as my Primary Depository Secondary Depository								
19. Name of Bank 20. Address								
Panhandle Educators Federal Credit Union 2718 MLK Jr. Blvd.								
21. City	22. County		23. State			24. Zip C		i k
Panama City	Bay		FL		;	32405-4	408	1
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								j in
25. Date 26. Signature of Candidate X / Luxton Resta								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I.		, do hereby accept the appointment						
(Please Print or Type Name)								
designated above as:								
01/27/2020 X Will P								
Date Signature of Campaign Treasurer or Deputy Treasurer								
DS-DE 9 (Rev. 10/10) Rule 1S-2.0001, F.A.C.								