APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)



Rule 1S-2.0001, F.A.C.

	NOTE: This form must be on file with the qualifying officer before opening the campaign account. OFFICE USE ONLY
	officer before opening the campaign account. OFFICE USE ONLY 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
	1 200 (in this type). Pirst, winding, cast) 3. Address (include post office box of street, city, state, zip code) [4] [1] [2] [2] [2]
	4. Telephone 5. E-mail address
	850-819-94401 memeroal aconcorner / JANEN 1917 32444
	6. Office sought (include/district, circuit, group number) 7. If a candidate for a nonpartisan office, check if
	applicable:
	My intent is to run as a Write-In candidate.
4	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 Affiliation Party candidate.
	9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer
	10. Name of Treasurer or Deput Treasurer
	PAIR INESSICIC
	11. Mailing Address 12. Telephone 850, 8/9-9449
	13. City 14. County 15. State 16. Zip Code 17. E-mail address 14. County 15. State 16. Zip Code 17. E-mail address 15. State 16. Zip Code 17. E-mail address 16. Zip Code 17. E-mail address
4	18. I have designated the following bank as my Primary Depository Secondary Depository
	19 Name of Bank PAN NAMO COLT UNION 20. Address 444 FM
ı	21. City 22. County 23. State 24. Zip Code
4	LANN NHOCK BUSH SHA 32 HIZBIAN
	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.
ı	25. Date 26-Stgnature of Candidate
	1/26/22/ (XNIMP), Newsch
ı	27 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
	, do hereby accept the appointment
	(Please Print or Type Name)
	designated above as:
	1/26/21 X YEAR & Market
	/ Date Signature of Campaign Treasurer or Deputy Treasurer