## **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.   |                      | OFFICE USE ONLY          |                            |              |  |
|--|----------------------|--------------------------|----------------------------|--------------|--|
| 1. CHECK APPROPRIATE BOX(ES):  |                      |                          |                            |              |  |
| Initial Filing of Form   | Re-filing to Change: | Freasurer/Deputy         | y Depository D             | Office Party |  |
| 2. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zip   |                      |                          |                            |              |  |
| Doug Ma  | ore                  | PC                       | B0x 19                     |              |  |
| 4. Telephone 5. E-mail address Pence   |                      |                          | nama City, FL              | 32407        |  |
| ( )  |                      |                          | الماري الماري              |              |  |
| 6. Office sought (include district, circuit, group number)  7. If a candidate for a <u>nonpartisan</u> office, check if  |                      |                          |                            |              |  |
| Bay County Commissoner District 4   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 Affiliation ☑ <u>Republica</u> Party candidate.  |                      |                          |                            |              |  |
| 9. I have appointed the following person to act as my Z Campaign Treasurer Deputy Treasurer  |                      |                          |                            |              |  |
| 10. Name of Treasurer or Deputy Treasurer  |                      |                          |                            |              |  |
| Brad Tilghman  |                      |                          |                            |              |  |
| 11. Mailing Address 12. Telephone  |                      |                          |                            | elephone     |  |
| 70 Box 19 ( ) N/A  |                      |                          |                            |              |  |
| 13. City  14. County  15. State  16. Zip Code  17. E-mail address  18. City  19. County  19. County  19. City  19. County  19. Code  19. |                      |                          |                            |              |  |
|  |                      |                          |                            |              |  |
|  |                      |                          |                            |              |  |
| 19. Name of Bank  20. Address  |                      |                          |                            |              |  |
| Hancock W  | 22. County           | <u>  1022 \</u><br>  23. | State                      | 24. Zip Code |  |
| Panama City Bay  |                      |                          | FL                         | 32405        |  |
| 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            | 26. Signature of Candidate |              |  |
| 03/21/22   |                      |                          |                            |              |  |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)   |                      |                          |                            |              |  |
| 1, Proceedings of Appointment (fill in the blanks and shock the appropriate block)  I, do hereby accept the appointment  (Please Print or Type Name)   |                      |                          |                            |              |  |
| (Please Print or Type Name)  |                      |                          |                            |              |  |
| designated above as: Campaign Treasurer. Deputy Treasurer.   |                      |                          |                            |              |  |
| 3/22/22 X Brille Filphone  |                      |                          |                            |              |  |
| Date Signature of Campaign Treasurer or Deputy Treasurer   |                      |                          |                            |              |  |
| DS-DE 9 (Rev. 10/10) Rule 1S-2.0001, F.A.C.  |                      |                          |                            |              |  |