## **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 filing officer before opening the campaign account.

1. CHECK APPROPRIATE BOX(ES):

■ Initial Filing of Form ☐ Re-filing to Change:



OFFICE USE ONLY ☐ Office ☐ Party ☐ Depository 3. Address (include PO Box or Street, City, State, Zip Code):

2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) Winston Chester		t):	3. Address (include PO Box or Street, City, State, Zip Code): 6726 Toepfer Blvd. Southport, FL 32409					
4. Telephone: 5. Candidate's Voter Registrat				tion #:   6. Email Address:				
(850 ) 819-5548 100607198			winstonchester5@gmail.com					
(not required for qualifying purposes)  7. Office Sought (include district, circuit, group, or seat #):				8. If a candidate for a <u>nonpartisan</u> office, check the box				
if applicable:								
School Board, Dist. 4, Bay County I intend to run as a Write-In Candidate.								
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a								
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐Party candidate.								
10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer								
11. Name of Treasurer or Deputy Treasurer:			12. Telephone:			13. Email Address:		
William Perry			(850	)914-2277	7 wperry@v		illiamperrycpa.com	
14. Mailing Address: 15.			<u> </u>		16. State:		17. Zip Code:	
455 Harrison Ave., Suite C Panan			na Cit	y	FL		32401	
18. I have designated the following bank as my (check appropriate box): 🔳 Primary Depository 🗌 Secondary Depository								
19. Name of Bank:			20. Address:					
Panhandle Credit Union			2718 MLK Jr. Blvd. County: 23. State: 24. Zip Code:					
21. City:			22. County: Bay		23. State:		32405-4408	
Panama City	HIDY I DECLARE THAT		EAD TH	EOPEGOING		OR THE APP	37	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.								
1/17/2024			26. Signature of Candidate:					
25. Date:			X	NIM	stu		teste	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
William Perry								
(Please Print or Type Name)								
Campaign Treasurer.				☐ Deputy Treasurer.				
1/17/2024 28. Date:			29. Signature of Campaign Treasurer of Deputy Treasurer					
DS-DE 9 (Eff. 10/23)							Rule 1S-2.001, F.A.C.	

☐ Treasurer/Deputy