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.

BAY COUNTY FL 23

Received

FEB 27 2026

BAY COUNTY SOE 89

Supervisor of Elections
Bay County, FL

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): (Please Print or Type Name)	3. **Address** (include PO Box or Street, City, State, Zip Code):
John Lee Haley	601 Cactus Avenue Panama City, Florida, 32401

4. **Telephone:**	5. **Candidate's Voter Registration #:**	6. **Email Address:**
(850) 628-8284	100631596 (not required for qualifying purposes)	DocHomes1947@gmail.com

7. **Office Sought** (include district, circuit, group, or seat #):	8. **If a candidate for a nonpartisan office, check the box if applicable:**
Bay County School Board, District 3	☐ 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:**
Dr. John L. Haley	(850)628-8284	Dochomes1947@gmail.com

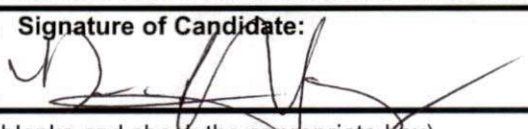
14. **Mailing Address:**	15. **City:**	16. **State:**	17. **Zip Code:**
601 Cactus Avenue	Panama City	FL	32401

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. **Name of Bank:**	20. **Address:**
Centennial Bank	635 E. Baldwin Road

21. **City:**	22. **County:**	23. **State:**	24. **Zip Code:**
Panama City	Bay	Florida	32405

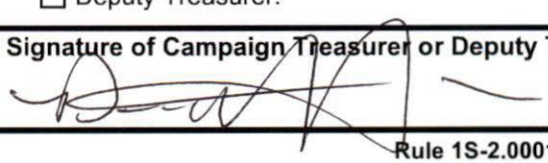
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. **Date:**	26. **Signature of Candidate:**
February 27, 2026	X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Dr. John L. Haley do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer. ☐ Deputy Treasurer.

28. **Date:**	29. **Signature of Campaign Treasurer or Deputy Treasurer**
February 27, 2026	X 

DS-DE 9 (Rev. 09/23) **Rule 1S-2.0001, F.A.C.**

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