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.

RECEIVED
NOV - 5 2019
CITRUS COUNTY
ELECTIONS

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)
Richard Albert "Rick" Schroeder

3. Address (include post office box or street, city, state, zip code)
4634 E. Donora LN
Floral City, FL 34436

4. Telephone
(352) 419-5883

5. E-mail address
raschroeder16@gmail.com

6. Office sought (include district, circuit, group number)
Property Appraiser

7. If a candidate for a <u>nonpartisan</u> 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 Affiliation   ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer   ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Richard Albert "Rick" Schroeder

11. Mailing Address
4634 E. Donora LN

12. Telephone
(352) 419-5883

13. City
Floral City

14. County
Citrus

15. State
FL

16. Zip Code
34436

17. E-mail address
raschroeder16@gmail.com

18. I have designated the following bank as my ☒ Primary Depository   ☐ Secondary Depository

19. Name of Bank
Brannen Bank

20. Address
7478 S. Florada Ave

21. City
Floral City

22. County
Citrus

23. State
FL

24. Zip Code
34436

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
11/5/19

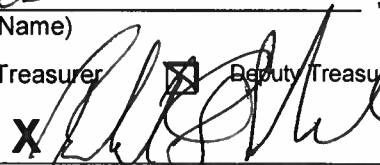**26. Signature of Candidate**
X _(signature)_

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

I, Richard Albert "Rick" Schroeder , do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer   ☒ Deputy Treasurer.

11/5/19
Date

X _(signature)_
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.

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

(PLEASE PRINT OR TYPE)

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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)
Richard Albert "Rick" Schroeder

3. Address (include post office box or street, city, state, zip code)
4634 E. Donora Ln
Floral City, FL 34436

4. Telephone
(352) 419-5883

5. E-mail address
raschroeder16@gmail.com

6. Office sought (include district, circuit, group number)
Property Appraiser

7. If a candidate for a <u>nonpartisan</u> 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 Affiliation   ☐ _____ Party candidate.

9. I have appointed the following person to act as my   ☒ Campaign Treasurer   ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Lori K Schroeder

11. Mailing Address
4634 E. Donora Ln

12. Telephone
(352) 419-5883

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Floral City	Citrus	FL	34436	redhatfunseekers@hotmail.com

18. I have designated the following bank as my   ☒ Primary Depository   ☐ Secondary Depository

19. Name of Bank
Brannen Bank

20. Address
7478 S. Florida Ave

21. City	22. County	23. State	24. Zip Code
Floral City	Citrus	FL	34436

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
11/5/19

26. Signature of Candidate
X _(signature)_

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

I, Lori K Schroeder , do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer   ☐ Deputy Treasurer.

11-5-2019
Date

X _(signature)_
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

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