## 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

DS-DE 9 (Rev. 10/10)



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

officer before opening the campaign account.					OFFICE USE ONLY						
1. CHECK APPROPRIATE BOX(ES):											
	-	filing to Change:	П	easu	urer/De	eputy [	Depository		Office	Party	
2. Name of Candidate (in	3.	Address (include post office box or street, city, state, zip									
Charles L. W. Helm					code) P.O. Box 1512						
4. Telephone	5. E-ma	il address			Inverness, FL 34451						
(813)777-7597	judge.c	.helm@gmail.com									
6. Office sought (include district, circuit, group number) County Judge, Group 3					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 partisan 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											
10. Name of Treasurer or Deputy Treasurer Nancy Gugliotta											
11. Mailing Address 12. Telephone											
P.O. Box 1512 (352) 201-6591											
13. City	· · · · · · · · · · · · · · · · · · ·		15. State		16. Zip Code 17. E-mail a						
Inverness	Citrus		FL		34451 nancygug2024@gmail.com				il.com		
18. I have designated the following bank as my									ository		
					20. Address 320 US Hwy 41 S						
,		22. County			23. State				24. Zip Code		
Inverness Cit		Citrus			FL				34450		
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 1/5/2024					26. Signature of Candidate						
737	<i></i>			X			/ X				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Wancy Gualiotta , do hereby accept the appointment (Please Print or Type Name)											
designated above as: Deputy Treasurer. Deputy Treasurer.											
1-5-208	14		X	1		-1	1 <		)_		
Date				Signature of Campaign Treasurer or Deputy Treasurer							