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.



OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):				
☑ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party				
Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Street, City, State, Zip Code):				
(Please Print or Type Name)		8946 N MENDOZA WAY		
MICHAEL THOMAS SHIER I	, –	•		
<u> </u>		CITRUS SP	rings, FL	34434
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:				
13521 601-3504 117928879 MIKE SMIER FOR CLERK CGMAIL. COM				
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box				
CLERK of THE CIRCUIT COURT if applicable:				
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 Candid	date.	REPUBLIC	AN	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:				
MICHAEL SHIER I 352) 601-3504 MIRESHIERFOR CLUPKEGMA 14. Mailing Address: 15. City: 16. State: 17. Zip Code:				
14. Mailing Address:	15. City	1:	16. State:	17. Zip Code:
8946 N MENDOZA WAY	CITE	19 SPRINGS	FL	34434
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository				
19. Name of Bank: 20. Address:				
BRANNEN BANK	*	200 W	MAIN ST	
21. City:	22. Cot	inty:	23. State:	24. Zip Code:
NUERNESS	C	ITRUS	FL	34450
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 8-14		26. Signature of	andidate:	
25. Date: 1-12-2024		X 1/1	1 9	-
27. Treasurer's Acceptance of Appointment (fill in the blanks and direck the appropriate box)				
do hereby accept the appointment designated above as: (Please Print or Type Name)				
(Todas / Title of Type Hallie)				
Campaign Treasurer Deputy Treasurer.				
		29. Signature of C	ampaign Treasurer	of Deputy Treasurer
28. Date: 1-12-2024		X Uhi	210	
DS-DE 9 (Eff. 10/23)		1 2		Rule 1S-2.001, F.A.C.