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 filling 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 | | | | | | | | |
| 2. 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) | | | 1388 East Bismark Street | | | | | |
| Scott Frederick Hebert | | | Hernando, FL 34442 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. Telephone: 5. Candidate's Voter Registrat | | | tion #: 6. Email Address: | | | | | |
| (352) 464-0583 102718951 (not required for qualifying pur | | | drhebert4superintendent@gmail.com | | | | | |
| (not required for qualifying purpose | | | | | | | | |
| 7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the boil fapplicable: | | | | | | | | |
| Superintendent of Schools | | | | | | | | |
| 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. ☐ Republican Party candidate. | | | | | | | | |
| 10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer | | | | | | | | |
| 11. Name of Treasurer or Deputy Treasurer: | | | · - | | | 13. Email | Address: | |
| | | | dubahartian parintandant @amail.com | | | | | |
| Sarah Hebert | | | (002) +0+000 | | | | | |
| 14. Mailing Address: | | | • | | 16. St | tate: | 17. Zip Code: | |
| 1388 East Bismark Street | | Hernando | | FL | | 34442 | | |
| 18. I have designated the following bank as my (check appropriate box): 🔳 Primary Depository 🔲 Secondary Depository | | | | | | | | |
| 19. Name of Bank: | | | 20. Address: | | | | | |
| | | | | Hwy 41 So | outh | | | |
| | | | County: | | 23. State: | | 24. Zip Code: | |
| Inverness | | Citrus | | | 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. | | | | | | | | |
| 0/0/0004 | ignature of C | anglidat | p: // | | | | | |
| 25. Date: ^{2/2/2024} | | | | X Ad W.// | | | | |
| | | | | | / - // | 4/// | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) | | | | | | | | |
| Sarah Hebert | | | | | | | | |
| I,do hereby accept the appointment designated above as: (Please Print or Type Name) | | | | | | | | |
| Compaign Teachures | | | | | | | | |
| ■ Campaign Treasurer. | | | | Deputy Treasurer. | | | | |
| 28. Date: ^{2/2/2} 024 | | | 29. Signature of Campaign Treasurer or Deputy Treasurer | | | | | |
| | | | X Sarah Hebert | | | | | |
| DS.DE 9 (Rev. 09/23) | | | | | | | | |