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

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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, Las (Please Print or Type Name)	3. Address (include PO Box or Street, City, State, Zip Code): 1880 W. Nicole Dr.				
Bruce T. Christ		Lecanto, Fl. 34461			
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:					
(ass.) 200 4740					te com
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box if applicable:					
Citrus County Commissioner District 3 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. ☐ Republican Party candidate.					
10. I have appointed the following person to act as my: Campaign Treasurer					
11. Name of Treasurer or Deputy Treasurer:		12. Telephone: 13. Em		13. Email /	Address:
Bruce T. Christ	(352) 220-4712 info@theneteffects.				
14. Mailing Address:	15. Cit	y:	16. St	ate:	17. Zip Code:
1880 W. Nicole Dr.	Lecan		to Florida		34461
18. I have designated the following bank as my (check appropriate box): I Primary Depository					
19. Name of Bank:		20. Address:			
Truist 21. City:	20 0-		525 N. Forest Ridge Blvd.		24. Zip Code:
Hernando	do 22. Co		7: 23. State: Florida		34442
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE RE					
CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.					
25. Date: 4/5/24		26. Signature of Candidate:			
		S-a-C/			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)					
Rouge Christ					
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			
20. Jaic. 4/5/24		X(-C()			
DS-DE 9 (Rev. 09/23) Rule 1S-2.0001, F.A.C.					