## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

Record 2021APR09PM04:11

NOTE: This form must be on file with the qualifying officer before opening the campaign account.								OFFICI	E USE	ONLY	
1. CHECK APPROPRIATE	BOX(ES	):		2							
☐ Initial Filing of Form Re-filing to Change: ☐ ☐				easurer/D	eputy [	<b>]</b> Deposito	ry 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zip											
Raymond Edward Forl		code) 3384 Shinnecock Lane									
4. Telephone	lephone 5. E-mail address				Green Cove Springs, Florida 32043						
(904 ) 838-0513	rayjr@r	nfdefenselawy	er.com	n							
6. Office sought (include of	7. If a candidate for a nonpartisan office, check if										
Clay County Judge, Group 1					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 AffiliationParty candidate.											
9. I have appointed the following person to act as my X Campaign Treasurer Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer											
Thomas Michael Smith											
11. Mailing Address					12. Telephone						
1789 Preston Trail					( 904 ) 401-2975						
			15. Sta	1 .							
			Florida								
18. I have designated the following bank as my											
19. Name of Bank				20. Address							
VyStar Credit Union				601 North Orange Avenue  23. State  24. Zip Code							
21. City Green Cove Springs		22. County Clay			23. State Florida			32043	Joue		
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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				26. Signature of Candidate							
April 09, 2021				X 13 E. Th-2.							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
լ, Thomas Michael Smith					, do hereby accept the appointment						
(Please Print or Type Name)											
designated above as:   Campaign Treasurer Deputy Treasurer.											
4/9/21 X Themes no Trust											
Date Signature of Campaign Treasurer or Deputy Treasurer											
DS-DE 9 (Rev. 10/10) Rule 1S-2.0001, F.A.C.											