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.

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OFFICE USE ONLY

opening the campaign account.					OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):					
M Initial Filing of Form ☐ Re-filing to Change: ☐	Treasur	er/Deputy 🛛 De	pository	☐ Office	e 🗆 Party
2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name)		3. Address (include PO Box or Street, City, State, Zip Code):			
		2412 Stonehaven Ct W			
Ricky Patric Knoles		2 2 22 15			
,		Grange Park FL 32065			
. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:					
(470)905-5337 18432155 (not required for qualifying purposes) rickychristiaking @gmail.com					
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box					
School Board - District 3 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.]			_ Party candidate.
10. I have appointed the following person to act as my:					
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:				
Christia De Luna Knoles (404) 839-1512 Wickychrutiaking Ogmailian 14. Mailing Address: 15. City: 16. State: 17. Zip Code:					
14. Mailing Address:					
2412 Stone haven Ct W Orun		se Park	FL		32065
18. I have designated the following bank as my (check appropriate box): 🗹 Primary Depository 🗌 Secondary Depository					
19. Name of Bank: 20. Address: 182 Blanding Roulevard & 21. City: 22. County; 23. State:				14	p. d. E132.27
21. City: 22. Co		bunty; 23. State: 24. Zip Code:			
Orange Park		Clay	F	7	32073
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.					
26. Signature of Candidate:					
25. Date: 01/76/2024		X ESHO			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)					
I, CHRISTIA D. KHOLES do hereby accept the appointment designated above as:					
(Please Print or Type Name)					
☑ Campaign Treasurer. ☐ Deputy Treasurer.					
	29. Signature of Campaign Treasurer of Deputy Treasurer				
28. Date: 01/26 / 2024		X 92	Ju	Q.,	
DS-DE 9 (Eff. 10/23)				F	Rule 1S-2.001, F.A.C.