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

Record 2024JAN30PM12:50

opening the campaign account.							OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):								
☐ Initial Filing of Form ☐ Re	er/Depu	ty 🗆 Dep	ository	Office	e 🗆 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) ELS TOW HOWARD KUSSLE?			420 S.W. PALMETTO AUE KRYSTENE HETCHTS EL					
ELS TOW THOUTHER TO			KRYSTONE HELDING					
						5	32656	
4. Telephone:	5. Candidate's Voter	ter Registration #: 6. Email Address:						
4. Telephone: (352) 4942615	not required for qualif	79 Tying purpose	ses) e1570N. 60aTs@GMM.C. (OM					
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box								
SEAT S KEYSTEN HEZOHTS				☐ I 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. ☐ 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:					
14. Mailing Address: 15. City: 16. State: 17. Zip Code: 420 SW PAME TO AUE. KEYSTENE HELGTS FL 32656							, GOATS GAHA	
14. Mailing Address:			y:		16. Stat	e:	17. Zip Code:	
420 SW PART		KKY	KRYSTUNE HELGTS FL 32656				32656	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository								
19. Name of Bank: CAPITAL CITY BANK			20. Address: 500 GREEN WAY					
21. City:				1			24. Zip Code:	
KEY STONE HEIGHTS			74	FL		-	32656	
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: 1/30/2024 X Est 450								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
I,								
☑ Campaign Treasurer.				☐ Deputy Treasurer.				
28. Date: 1/30/2024			29. Signature of Campaign Treasurer of Deputy Treasurer					
DS-DE 9 (Fff 10/23) Rule 15-2 001 F A C								