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)

RECEIVED

DEC 2 0 2021

DUVAL COUNTY ELEC. By

Rule 1S-2.0001, F.A.C.

NOTE: This form must be on file with the qualifying officer before opening the campaign account.							OFFICE	E USE	ONLY	
1. CHECK APPROPRIATE	BOX(ES):									
Initial Filing of Form	Re-filing to Chang	ge: 🔲 Ti	reasurer/	Deputy [Deposito	ory 🔲	Office		Party	
2. Name of Candidate (in	Last)		dress (includ	de post offic	ce box or s	street, city,	state,	zip		
Kamren D Stowers		code) 1440 Edgewood Ave West unit 9351								
4. Telephone	5. E-mail address		Jacksonville FL 32208							
(904) 422-1349	il.									
6. Office sought (include district, circuit, group number) District 9 City Cowc {				7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a part	<u>isan</u> office, check blo	ck and fill	in name	of party as	applicable	: My inte	ent is to run	ı as a		
☐ Write-In ☐ No Party Affiliation ☑ Democratic Party candidate.										
9. I have appointed the fo	llowing person to act	as my	Car	npaign Trea	surer 🗌	Deput	y Treasure	r		
10. Name of Treasurer or D	eputy Treasurer		<u> </u>							
Sheretta Joseph										
11. Mailing Address					12. Telep	hone				
PO Box 28261					(904)	415-146	3 1			
13. City	14. County	15. Sta	te 16	Zip Code	17. E-mai	address				
Jacksonville Duval		FL	32226 Sheretta81@gma							
18. I have designated the following bank as my										
19. Name of Bank	20. Address									
Vystar Credit Union			P.O. Bo	x 45085J						
21. City Jacksonville	22. County			23. State		Ì	24. Zip Co	ode		
	Duval			FI			32232			
UNDER PENALTIES OF PERJUF DESIG	RY, I DECLARE THAT I HAVI GNATION OF CAMPAIGN DI	E READ THE EPOSITORY	FOREGOI	NG FORM FOI THE FACTS S	R APPOINTM STATED IN IT	ENT OF CAI ARE TRUE.	VIPAIGN TRE	ASURE	R AND	
25. Date			26. Signa	ature of Can	didate	//				
12/19/2021			$\mathbf{x} \nearrow$	Zan	u.	Hy	us		_	
27. Treasure	r's Acceptance of App	ointment	(fill in the	blanks and	check the a	ppropriate	∋ block)			
1. Sherettu	Namo	, do hereby accept the appointment								
designated above as:	(Please Print or Type Campaign	,	<i>α</i> Д	Deputy Trea	asurer.					
12/19/2021		X	Sher	etter	Cesa	A				
, Date			Signature	of Campaig	Treasure	r or Deput	y Treasure	r		