## 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
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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 USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change: 🔲 T	Treasurer/Deputy 🔲 Depository 🔲 Office 🔲 Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
Ear Joseph Testy 4. Telephone 5. E-mail address	1115 Edgewood Ave. S Apt. 646
(904) 412-1520 tostymonia yahoo.	con Jax FL 32205-0807
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
o. Office Sought (moldes district, should, group harmsor)	applicable:
CC14	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 Affiliation	Party candidate.
9. I have appointed the following person to act as my     Campaign Treasurer   Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address	12. Telephone
11.5 Edge Wood AVC S. Nat 13. City 14. County 15. St.	646 (904) 412 -1520 tate 16. Zip Code 17. E-mail address
Jax Duval FL	- 32205 testymonia vahon. com
18. I have designated the following bank as my Primary Depository Secondary/Depository	
19. Name of Bank  20. Address	
Vystan Croxit Union	14420 Madash Ave.
21. City 22. County	23. State 24. Zip Code
Vax Yuvel	FL 32210
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
12-7-18	X Parl A Teste
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, <u>Ear I Testy</u> , do hereby accept the appointment (Please Print or Type Name)	
′	
designated above as:	er Deputy Treasurer.
12-7-18 X	Earl A Test
Date	Signature of Campaign Treasurer or Deputy Treasurer