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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 qualifying officer before opening the campaign account. | | إيد | | OFFICE USE ONLY |
|--|---|--------------------------|--------------------------|------------------------|
| 1. CHECK APPROPRIATE BOX(ES): | | | | |
| Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party | | | | |
| 2. Name of Candidate (in this order: | 3. Address (inclu | de post office box or s | street, city, state, zip | |
| LUMON J. MAY | | Pensacola FL 32501 | | |
| 4. Telephone 5. E-mail address | | | | |
| (850)723-9087 / umon MAYDBell SOUTH Not | | | | |
| 6. Office sought (include district, circ | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | |
| applicable: My intent is to run as a Write-In candidate. | | | | |
| County Counistiwer Distrige) | | | | |
| 8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a | | | | |
| Write-In No Party Affiliation Democratic Party candidate. | | | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | |
| 10. Name of Treasurer or Deputy Treasurer | | | | |
| Lumon MAY | | | | |
| 11. Mailing Address 12. Telephone | | | | |
| 1505 North J STREET (850) 433-7319 | | | | |
| 13. City 14. County 15. State 16. Zip Code 17. E-mail address PENSACO (A ESCANBIA F 3250) LUMON MA GBEIL SOUTH | | | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | |
| 19. Name of Bank | | 20. Address 43 41 いい | | |
| Wells FANSO | | FAIRFIELD ONIVE | | |
| | 22. County | 23. State | } | 24. Zip Code |
| Pensaco (A | ESCAMBIA | | <u> </u> | 3920 (|
| 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 | | | | |
| 10-24-19 X Lung 1. Man | | | | Man |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | |
| , do hereby accept the appointment (Please Print or Type Name) | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer, | | | | |
| 10-24-19 X Luma / Mag | | | | |
| 10-04-11 | Lumo | Lemo / Colored Transport | | |
| Date Signature of Campaign Treasure of Deputy Treasurer | | | | |
| DS-DE 9 (Rev. 10/10) | | - | | Rule 1S-2.0001, F.A.C. |