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

DS-DE 9 (Rev. 10/10)

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

officer before opening the campa				OFFICE	USE	ONLY		
1. CHECK APPROPRIATE BOX(ES):								
l -	<u> </u>	reasurer/De	puty 🔲 Depository		Office		Party	
2. Name of Candidate (in this orde		3. Address (include post office box or street, city, state, zip code) 9655 N Barth RJ Molino FL 32577						
Kevin Wayne St	code)							
4. Telephone 5. E-ma	ail address		hiound t	C 35	5 11			
(850) 380-3431 Kevin@Genesisdevelop/lc.com								
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if					
0ist5 Escambia County applicable:								
Emerald Coast Utilities Authority My intent is to run as a Write-In candidate.								
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 ☐ Republican Party candidate.								
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer								
10. Name of Treasurer or Deputy Treasurer Ilon α Stephens								
11. Mailing Address 12. Telephone								
1300 E Olive Rd Pensacola FL 32514 (250) 320-1865								
13. City 14. C	County 15. Sta	ate 16. Zi	ip Code 17. E-mail a	address	1 99) <u> </u>	<u>)</u>	
Pensacola Esc	cambia fl	325	14 600 C:V	i a Sty	on cas a	.69.		
18. I have designated the following bank as my								
19. Name of Bank Smart Bank 20. Address 20. Address 20. Address								
21. City	22. County		23. State		24. Zip Co	nde		
Pensacola	Es cambia	'	LL C		3250			
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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.								
) /			26. Signature of Candidate					
3/20/2020 X								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
1. Ilona stephens			. do hereb	ov accept	the appoi	ntment		
(Please Print or Type Name)								
designated above as: Campaign Treasurer Deputy Feasurer								
05/10/2020 X // //								
Date Signature of Campaign Treasurer or Deputy Treasurer								