APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OCT 0 7 2021

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

officer before opening the campaign account.			OFFICE USE ONLY							
1. CHECK APPROPRIATE BOX(ES):										
	iling to Change:	Tre	asurer	/Deputy		Deposito	ry 🗌	Office		Party
2. Name of Candidate (in this order: First, Middle, Last)			3. Address (include post office box or street, city, state, zip							
Jared Martin Moore			code) 4485 McClellan Rd							
4. Telephone 5. E-mail address			Pensacola, FL 32503							
(850) 293-7454 jared@jandmvalve.com										
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if							
Pensacola City Council District 4			applicable: 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 Affilia	ation						Pa	rty cand	didate.	
9. I have appointed the following person to act as my Campaign Treasurer 🔀 Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer										
Jared Moore										
11. Mailing Address				12. Telephone						
4485 McClellan Rd								293-74	54	
13. City 14. Co		15. State		_ · _						
Pensacola Escambia		FL		32503 jared@jandmvalve.com						
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank	20. Address									
Regions Bank			150 N	V 9th Ave				7.7.0		
21. City 22. County				23. State				24. Zip Code 32504		
Pensacola Escambia				FL						
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							
10/7/21			x faul Mear							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I,, do hereby accept the appointment							ı t			
(Please Print or Type Name)										
designated above as: Campaign Treasurer Deputy Treasurer.										
10/7/21 X Jand Man										
Date Signature of Campaign Treasurer or Deputy Treasurer										

DS-DE 9 (Rev. 10/10)

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