## **APPOINTMENT OF CAMPAIGN TREASURER** AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

'24 JUN 3 12:48pm

NOTE: This form must be on file with the filing officer before opening the campaign account.		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: First, Middle, Last):  3. Address (include PO Box or Street, City, State, Zip Code):							
(Please Print or Type Name)  JOSHUA, STEPHENS, ROBERSON	IT HIGH INO, FL.	WAY 325	99 77				
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:							
(757) 739-4128 (not required for qualifying purposes) amcs s Roberson & GMAHL. Com						4L.Com	
7. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for a <u>nonpartisan</u> office, check the box							
if applicable:  ESCAMBIA COLUMN COMPAC GIONNER DISTRICT 5  Intend to run as a Write-In Candidate.							
ESCAMBIA COUNTY COMMISSIONER DISTRICT 5 Intend to run as a Write-In Candidate.  9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a							
☐ Write-In Candidate.							
10. I have appointed the following person to act as my:   Campaign Treasurer  Deputy Treasurer							
11. Name of Treasurer or Deputy Treasurer:			12. Telephone: 13. Email A			Address:	
JOSHUA STEPHENS ROBERSON (757) 739-4128 amcs) SROBERSON @GMAIL, COD							
14. Mailing Address: 15. City		y:	· .			17. Zip Code:	
6797 HIGHWAY 99 MOLIO				t	32577		
18. I have designated the following bank as my (check appropriate box): Primary Depository							
19. Name of Bank:			20. Address:				
PENAIR CREDIT UNION			5855         W. NINE MILE Rd           unty:         23. State:         24. Zip Code:				
		2. County: 23		23. 5	eate.	3252/s	
PENSACOLA ESCAMBIA FL. 32586  UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE							
CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.							
_			26. Signature of Candidate:				
25. Date: 03 SUN 2024	_	Χ	full by	/	-		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
1, <u>SoSHuA S. RoBeAson</u> do hereby accept the appointment designated above as:  (Please Print or Type Name)							
☐ Campaign Treasurer. Deputy Treasurer.							
28. Date: @3 SUN 2824		29. S X	ignature of C	ampaig	·	of Deputy Treasurer	
DS-DE 9 (Eff. 10/23)	-		•		F	Rule 1S-2.001, F.A.C.	