## 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 filing officer before

JUN 1 1 2024

| opening the campaign account.  |  |                   |   |   |            |      | OFFICE USE ONLY       |  |
|--|--|-------------------|---|---|------------|------|-----------------------|--|
| 1. CHECK APPROPRIATE BOX(ES):  |  |                   |   |   |            |      |                       |  |
| ☐ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasure   |  |                   |   | er/Deputy 🗆 Depository 🗆 Office 🗆 Party |            |      |                       |  |
| 2. Name of Candidate (in this of   |  | t):               | 3. Address (include PO Box or Street, City, State, Zip Code): |   |            |      |                       |  |
| (Please Print or Type Name)  |  |                   | 135 HILLTOP RP  |   |            |      |                       |  |
|  |  |                   | 1 5   | ) - [                                   | A 60 10 11 | ,    |                       |  |
|  |  |                   |   |   |            | - 0  | -                     |  |
| Henry Li Cyni  | C  | Centur, 719 32535 |   |   |            |      |                       |  |
|  | Telephone: 5. Candidate's Voter Registration #: 6. Email Address:                |                   |   |   |            |      |                       |  |
| (850) 418-5439   | 850) 418-5439 (not required for qualifying purposes) Sdavis 4 @ Panhandle rr Com |                   |   |   |            |      |                       |  |
| 7. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for a <u>nonpartisan</u> office, check the box  |  |                   |   |   |            |      |                       |  |
| Centure Tour if applicable:  Centure Tour See H. Z.   I 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. ☐ No Party Affiliation Candidate. ☐ Party candidate.   |  |                   |   |   |            |      |                       |  |
| 10. I have appointed the following person to act as my:  |  |                   |   |   |            |      |                       |  |
| 11. Name of Treasurer or Dep   | uty Treasurer:   |                   | 12. Telephone: 13. Email Address:                             |   |            |      |                       |  |
| 14. Mailing Address: (850 ) 418 - 5439 Stauts 4 @ Panhantle. Vs. com   |  |                   |   |   |            |      |                       |  |
| 14. Mailing Address:   | JAINGHOVA  | 15. Cit           | v:  | , ,,,                                   | 16. St     | ate: | 17. Zip Code:         |  |
| 57   |  | 196               |   |   |            |      | 100                   |  |
|  |  |                   | Funk 7-19 32535   |   |            |      |                       |  |
| 18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository  |  |                   |   |   |            |      |                       |  |
| 19. Name of Bank:  |  |                   | 20. Address:  |   |            |      |                       |  |
| 21. City:  |  |                   | 22. County: 23. State: 24. Zip Code:                          |   |            |      |                       |  |
|  |  |                   |   | 1                                       |            |      |                       |  |
|  |  |                   | ESC Ambia   |   |            |      | 36441                 |  |
| 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: [ ] Jun 20:  | 24   |                   | X   | Her 1                                   | cur        |      |                       |  |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)   |  |                   |   |   |            |      |                       |  |
|  |  |                   |   |   |            |      |                       |  |
| I HENRY I. CLANINSham do hereby accept the appointment decignated above as:  |  |                   |   |   |            |      |                       |  |
| I,   |  |                   |   |   |            |      |                       |  |
|  |  |                   |   |   |            |      |                       |  |
| ☐ Campaign Treasurer.  |  |                   |   | ☐ Deputy Treasurer.                     |            |      |                       |  |
|  |  |                   | 29. Signature of Campaign Treasurer or Deputy Treasurer       |   |            |      |                       |  |
| 28. Date:  |  |                   | X Dland Ch  |   |            |      |                       |  |
| 11 JUN 2024  |  |                   | <b>/</b>  | ten (                                   | CI         |      |                       |  |
| DS-DE 9 (Rev. 09/23)   |  |                   |   |   |            | Ru   | ile 1S-2.0001, F.A.C. |  |