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 opening the campaign account.

RECEIVED

JAN 19 2024

GADSDEN COUNTY SUPERVISOR OF ELECTIONS

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): (Please Print or Type Name) 3. Address (include PO Box or Street, City, State, Zip Code):				
	790	Thampion Oaks	CIT	
Doug Lee Stephens	Hava	Havara Fl. 32333		
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address: (SU) 766 YM34				
(not required for qualifying purposes)				
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:				
Dow d Ustnut □ 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 Candid	late. IV 4		Party candidate.	
10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer				
1. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address:				
Doug deplens (850) 7664424 dogg a live the life. org				
14. Mailing Address Toke Ci	15. City:	16. State:	17. Zip Code:	
t i	Majang		3739	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository				
19. Name of Bank: Find the Credit Union	20. Address:	Telfern 4.		
21. City:	22. County:	23. State:	24. Zip Code:	
Unny	Galdan	F(·	3235/	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.				
25 0-40 1/2/21/	26.			
25. Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X			
27. Treasurer's Acceptance of Appointment (fill in the biance and encor the appropriate box)				
A Chila.				
I,do hereby accept the appointment designated above as: (Please Print or Type Name)				
Campaign Treasurer. Deputy Treasurer.				
lac ni Vial ii	29.	n Treasure	r of Deputy Treasurer	
28. Date: \(\langle \	X			
DS-DE 9 (Eff. 10/23)			Rule 1S-2.001, F.A.C.	

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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GADSDEN COUNTY
SUPERVISOR OF ELECTIONS

1, Doug Depley
candidate for the office of Shool Board District (;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
X //a/2 M
Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).