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

RECEIVED

JAN 25 2024

GADSDEN COUNTY SUPERVISOR OF ELECTIONS

opening the campaign account.			U	FFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES):							
Initial Filing of Form □ Re	-filing to Change:	Treasure	er/Deput	ty 🗆 Dep	ository	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)			233 Cheeseborough Avenue				
Derrick D. Elias			Quincy, FL 32351				
				500E			
4. Telephone:	5. Candidate's Voter	Registrat	ion #:	6. Email Ad			
(850)228-1238	(not required for qualifying purposes) Delias 2120gmail. com						
7. Office Sought (include district, circuit, group, or seat #): 6. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:							
Gad Sden County Commission Dist. 3 Inapplicable.							
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	date. 🗵	1 De	emocra-	tic		Party candidate.
10. I have appointed the following person to act as my: X Campaign Treasurer Deputy Treasurer							
11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address:							
Derrick D. Elias (850) 228-1238 Delias 2120 gmail. com							
14. Mailing Address:		15. Cit			16. Stat		17. Zip Code:
233 Cheeseburough An	C	puin		F		32351	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository							
19. Name of Bank:		20. A	ddress: East \	Nashir	igton &	Street	
21. City:	22. Co			23. Sta	te:	24. Zip Code:	
Quincy				32351			
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.							
25. Date: /- 25-24							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
I,do hereby accept the appointment designated above as:do hereby accept the appointment designated above as:							
☑ Campaign Treasurer. ☐ Deputy Treasurer.							
28. Date: / - 2 5 - 2 4 29.						Deputy Treasurer	
	il		\				1 10 0 001 5 1 0
DS-DE 9 (Eff. 10/23)						F	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, Derrick D. Elias	, j					
candidate for the office of Gadsden County Commission Dist 5;						
have been provided access to read and understand the requirements of						
Chapter 106, Florida Statutes.						
	¥					
Signature of Candidate	1-25-24 Date					
Signature of Candidate	Date					
Fach condidate must file a statement with the suclificing	officer within 10 days often the					
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).