## 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

FEB 01 2024

GADSDEN COUNTY SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

| 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 (Please Print or Type Name)                                       | ): 3. Address (include PO Box or Street, City, State, Zip Code):                                                               |
| Morris A. Young                                                                                                            | Gretna, Fl 32332                                                                                                               |
| 4. Telephone: 5. Candidate's Voter (1850) 627-2354 (not required for qualify                                               | $719$ $[\text{Vol}]_{\text{vol}}$ $[\text{O}]_{\text{vol}}$                                                                    |
| 7. Office Sought (include district, circuit, group, or seat                                                                | #):  8. If a candidate for a <u>nonoartisan</u> office, check the box if applicable:  I intend to run as a Write-In Candidate. |
| 9. If a candidate for partisan office, check the box an                                                                    | nd fill in the name of the party as applicable: I intend to run as a                                                           |
| ☐ Write-In Candidate. ☐ No Party Affiliation Candid                                                                        | late. 🗹 <u>Democra</u> Party 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 Address: (850) 25 - 9969 Kathnyoung 0(26 g mail 15. City: 16. State: 17. Zip Code: Code               |
| 14. Mailing Address:                                                                                                       | 15. City: 16. State: 17. Zip Code: Col                                                                                         |
| <b>18.</b> I have designated the following bank as my (check appropriate box): ☑ Primary Depository ☐ Secondary Depository |                                                                                                                                |
| 19. Name of Bank:                                                                                                          | 20. Address ) Homas Pkwy                                                                                                       |
| 21. City: Quincy                                                                                                           | 22. County: 23. State: 24. Zip Code: 3235                                                                                      |
|                                                                                                                            | I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.        |
| 25. Date: 2 - ( - 2)+                                                                                                      | <b>X X</b>                                                                                                                     |
| 27. Treasurer's Acceptance of Appointm                                                                                     | nent (fill in the l                                                                                                            |
| I,(Please Print or Type Name)                                                                                              | do hereby accept the appoln≀tment designated above as:                                                                         |
| ☑ Campaign Treasurer                                                                                                       | Deputy Treasurer.                                                                                                              |
| 28. Date: 2-(-24)                                                                                                          | 29. S of Deputy Treasurer                                                                                                      |
| DS-DE 9 (Eff. 10/23)                                                                                                       | ≹ule 1S-2.001, F.A.C.                                                                                                          |

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

## OFFICE USE ONLY RECEIVED

FEB 01 2024

GADSDEN COUNTY SUPERVISOR OF ELECTIONS

| candidate for the office of, heriff;                                 |
|----------------------------------------------------------------------|
| have been provided access to read and understand the requirements of |
| Chapter 106, Florida Statutes.                                       |
|                                                                      |
|                                                                      |
|                                                                      |
| X 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).