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 qualifying officer before opening the campaign account

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| officer before opening the campaign account. | | | | | | OFFI | CE USE ONLY | |
|--|----------------------|-------------------------------|---|---|------------|------------------|-------------|--|
| 1. CHECK APPROPRIATE I | BOX(ES): | | | | | | | |
| ✓ Initial Filing of Form | Re-filing to Change | - | asurer/D | Deputy [| Depository | Office | ☐ Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | 3. Address (include post office box or street, city, state, zip | | | | |
| Ronald Darrell Smith | | | code) 4660 NW CR 342 PO Box 727 | | | | | |
| 4. Telephone 5 | 5. E-mail address | Bell, FL 32619 Bell, FL 32619 | | | | | | |
| (352)222-8513 d | larrellfaye@bellsout | | | | | | | |
| 6. Office sought (include district, circuit, group number) County Commissioner District 3 | | | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | | |
| County Commissioner District 3 | | | applicable: My intent is to run as a Write-In candidate. | | | | | |
| | | | | | | | | |
| 8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a | | | | | | | | |
| ☐ Write-In ☐ No Party Affiliation ☑Republican Party candidate. | | | | | | | | |
| 9. I have appointed the following person to act as my | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer Ronald Darrell Smith | | | | | | | | |
| 11. Mailing Address | 1 | 2. Telephone | | | | | | |
| PO Box 727 | | | (| 352) 222 | 2-8513 | | | |
| 13. City | 14. County | 1 | | 1 | | | | |
| Bell Gilchrist FL | | FL | 32619 darrellfaye@bellsouth.net | | | | | |
| 18. I have designated the following bank as my | | | | | | | | |
| 19. Name of Bank 20. Address | | | | | | | | |
| | | | | 109 East Wade Street | | | | |
| 1. City 22. County renton Gilchrist | | | 23. State | | | 24. Zip 32693 | | |
| | | | | | | | | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. | | | | | | | | |
| 25. Date | 6. Signa | 6. Signature of Candidate | | | | | | |
| 8/11/93 × Ronald Danguemits | | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | |
| I, , do hereby accept the appointment | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | |
| designated above as: | | | | | | | | |
| 8/11/23 X Ronald Danoy Annot | | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | |