APPOINTMENT OF CAMPAIG REASURER 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



ening the campaign account. OFFICE USE ON						OFFICE USE ONLY		
1. CHECK APPROPRIATE BOX(ES):								
Initial Filing of Form Re-filing to Change: Treasure			ty 🗆 Dep	ository	☐ Office	e 🔲 Party		
2. Name of Candidate (in this order: First, Middle, Last):			3. Address (include PO Box or Street, City, State, Zip Code):					
(Please Print or Type Name)			5096 ENOVIEW PASS					
1 11 1			Brooksulle, FL 3460)					
Louis MARC Hallal								
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:								
(352) 263 - 4665 (not required for qualifying purposes) Ihallo 77@ Icloud.com								
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box								
if applicable: City Council Seat 3 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: ☐ Campaign Treasurer ☐ Deputy Treasurer								
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:							
Louis Marc Hallal	(352) 263 4665 hallal n@sdad.com 15. City: 16. State: 17. Zip Code: 3460)							
14. Mailing Address:	15. City:		,	16. St	ate:	17. Zip Code:		
5096 Enduren Pass	Bear	oksur	le FC		-	34601		
18. I have designated the following bank as my (check appropriate box): Primary Depository								
19. Name of Bank:				20. Address:				
Beanvon	22. County:			23. St	Z. 3	24 Zin Codo		
21. City: Beooksulle						24. Zip Code:		
	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, wh	Herwards						
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.								
0 0 0 0 0	26. Signature of Candidate:							
25. Date: 8-12-2024			X Locar Hollal					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
do hereby accept the appointment designated above as: (Please Print or Type Name)								
☐ Campaign Treasurer. ☐ Deputy Treasurer.								
28. Date: &-(2-2024		29. S	ignature of C	ampaig	n Treasurer	or Deputy Treasurer		
DS-DE 9 (Rev. 09/23) Rule 1S-2.0001, F.A.C.								