APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

RECIJ SOE APR 9'19 am11:27

Rule 1S-2.0001, F.A.C.

NOTE: This form must be on file with the qualifying officer before opening the campaign account.						OFFICE	USE	ONLY	
1. CHECK APPROPRIATE BOX					2000 CONTRACTOR OF THE CONTRACTOR OF T				
Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party									
2. Name of Candidate (in this order: First, Middle, Last)				le post office box	or stre	eet, city, s	state,	zip	
LYNN L GRAY			code) 5920 BETTER ORANGE AUE						
4. Telephone 5. E-mail address			TAMPA FC 33625						
(813) 4537881 LGRAY88 20 YALLOO COM									
6. Office sought (include district, circuit, group number)			7. If a candidate for a nonpartisan office, check if						
School BOARN #7			applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a									
Write-In No Party Affiliation Party candidate.									
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer									
10. Name of Treasurer or Deputy									
LEWIS GRAY									
11. Mailing Address 12. Telephone									
(870 PELLEY			(8.	13) !	453-	-98.	75		
13. City 14	. County 15. Sta	ate 16	. Zip Code	17. E-mail addr	ess				
1 Amor	tices donough f		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		RA	42 J	<u>, 478</u>	. C. C)m	
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank	20. Add	٨٠.							
21. City 22. County		23. State 24. Zip Code							
	22. County		1	<i>,</i>	2	24. Zip Co			
TAMA	HILLS-BOROLT	h	FL			336	26	>	
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			26. Signature of Candidate						
1/31/19		X-		///					
27. Treasurer's Ac	cceptance of Appointment	t (fill in th	blanks and	check the appro	Priate I	bleck)			
I,, definereby accept the appointment									
(Please Print or Type Name)									
designated above as:									
1/31/19 X Fay									
Date			Signature of Campaign Treasurer or Deputy Treasurer						