APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

DS-DE 9 (Rev. 10/10)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

RECU SOE JAN 15'20 pm 1:17

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

officer before opening the campaign account.				OFFICE USE ONLY							
1. CHECK APPROPRIATE E	BOX(ES):	,,									
Initial Filing of Form	Re-filing to Change		reasurer	Deputy [Depositor	у 🗆	Office		Party		
2. Name of Candidate (in this order: First, Middle, Last)				3. Address (include post office box or street, city, state, zip							
Michael Harvey	code)										
4. Telephone 5	5. E-mail address	iail address			P.O. Box 47676						
(813) 331-3738 m	michael@harvey202	20.com	Tampa FL, 33646								
6. Office sought (include dis		7. If a candidate for a nonpartisan office, check if									
SOIL AND WATER CON SUPERVISOR - 니기	?	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 De Brandy Harvey	puty Treasurer										
11. Mailing Address 12. Telephone											
P.O. Box 47676 Tampa FL, 33646				(813) 3313738							
13. City	15. Sta										
Tampa	FL	33572 brandy@harvey2020.com									
18. I have designated the fo	Prima	nary Depository Secondary Depository									
19. Name of Bank 20. Address											
TD Bank				6176 N U.S. Hwy 41							
21. City	22. County			23. State			24. Zip C	ode			
Apollo Beach	Hillsborough			FL			33572				
UNDER PENALTIES OF PERJURY DESIGN	Y, I DECLARE THAT I HAVE NATION OF CAMPAIGN DEI	READ THE POSITORY	FOREGO	ING FORM FOR	R APPOINTME STATED IN IT A	NT OF CA	MPAIGN TRE	EASURE	R AND		
25. Date			26. Sign	ature/of Can	didate /	//	#				
01/20/2020			\mathbf{x}	//) <i>A</i>)			
27. Treasurer	's Acceptance of Appo	ointment	(fill in the	blanks and	check the ap	propriat	e block)				
ı,Brandy Harvey			, do hereby accept the appointment								
	(Please Print or Type I	Name)				•					
designated above as:		Freasurer		Deputy Tre	asurer.						
01/14/202	20	XX	non de	Mana.							
Date			Signature of Campaign Treasurer or Deputy Treasurer								