APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

INDIAN RIVER COUNTY SUPERVISOR OF ELECTIONS

2020 MAR 31 AM 10: 35

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

NOTE: This form must be on file with the qualifying

DS-DE 9 (Rev. 10/10)

officer before opening the campaign account.	OFFICE USE ONLY
1. ØHECK APPROPRIATE BOX(ES):	
	Treasurer/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 code)
Christopher Thomas Roberts	
4. Telephone 5. E-mail address	1 Calculate El 22968
4. Telephone 5. E-mail address (772)643-0615 Chris, roberts@mailbox,eic	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
Soil and water commission Seat 2	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 Treasurer	
Christopher Roberts 11. Mailing Address	12. Telephone
•	(772) 843 0615
13. City 14. County 15. St	rate 16. Zip Code 17. E-mail address
313 Brookedse Terrace 13. City 14. County 15. St Sebastian indian river Fl	32958 Chris, roberts@mailbax. Ciy.ed+
18. I have designated the following bank as my	☑ Primary Depository ☐ Secondary Depository
19. Name of Bank	20. Address
SUNTFUST BANK 21. City SPHERTIAN COLORD CO	9601 US-1 23. State 24. Zip Code Elori 19 32958
21. City 22. County Sehastian rive	23. State 24. Zip Code
sehastian indian rive	er Mor. 29 32958
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
313112020	X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Christopher Roberts (Please Print or Type Name)	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasure	Deputy Treasurer.
3/31/2020 X	
Date	orgnature of Campaign Treasurer or Deputy Treasurer