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.

DS-DE 9 (Rev. 10/10)

SUPERVISOR OF ELECTRONS
2022 NOV 14 PM 2: 22

OFFICE USE ONLY

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

| officer before opening the campaign account. | OFFICE USE CIVET |
|--|--|
| 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Trea | surer/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 |
| N | code) |
| 4. Telephone 5. E-mail address | _ |
| (772) 913-1979 touch 1 2 20ho. com | (Address Is Protected) |
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a nonpartisan office, check if |
| Indian River County Sheriff | 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 D | Party candidate. |
| 9. I have appointed the following person to act as my | Campaign Treasurer Deputy Treasurer |
| 10. Name of Treasurer or Deputy Treasurer AMANDA DAVYESS | |
| 11. Mailing Address | 12. Telephone |
| 2416 47th Terrace | () |
| 13. City 14. County 15. State VEYD BEACH Indian River FL | 16. Zip Code 17. E-mail address 32966 aldarress att. ret |
| 18. I have designated the following bank as my | Primary Depository 🖰 Secondary Depository |
| 19. Name of Bank 20. Wells Favad Bank | Address 600 21st Street |
| 21. City (22. County Indian RIVEY | 23. State 24. Zip Code 32960 |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOR DESIGNATION OF CAMPAIGN DEPOSITORY AND | REGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND THAT THE FACTS STATED IN IT ARE TRUE. |
| | Signature of Candidate |
| 11-14-22 X | Kn 2 |
| 27. Treasurer's Acceptance of Appointment (fill | in the blanks and check the appropriate block) |
| I Amanda Darvecc | , do hereby accept the appointment |
| (Please Print or Type Name) | , do noteby accept the appointment |
| designated above as: Campaign Treasurer | Deputy Treasurer. |
| 11.14.22 X | amanda La Deeness |
| Date Sign. | ature of Campaign Treasurer or Deputy Treasurer |

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INDIAN OFFER CHATY SUPERVISOR OF ELECTIONS

2822 NOV 14 PM 2: 18

| officer before opening the campaign account. | OFFICE L | JSE ONLY |
|---|--|-----------|
| 1. CHECK APPROPRIATE BOX(ES): | | |
| i | Treasurer/Deputy | Party |
| 2. Name of Candidate (in this order: First, Middle, Last) | 3. Address (include post office box or street, city, sta | ate, zip |
| KEITH MONROE TOUCHBERRY | ode) | |
| 4. Telephone 5. E-mail address | | |
| (772)913 1979 touch 1 @ 20ho. com | SPO TEXTED | |
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a <u>nonpartisan</u> office, c | heck if |
| - O . C. Cura oc | applicable: | |
| INDIAN RIVER COUNTY SHEPIFF | My intent is to run as a Write-In ca | |
| 8. If a candidate for a <u>partisan</u> office, check block and fil | • | s a |
| Write-In No Party Affiliation Σ Σερ | Party candida | ate. |
| 9. I have appointed the following person to act as my | Campaign Treasurer Deputy Treasurer | |
| 10. Name of Treasurer or Ceputy Treasurer | | |
| KEITH M TOUCHBERPY | | |
| 11. Mailing Address | 12. Telephone | |
| | () | |
| 13 City 14. County 15. Sta | ate 16. Zip Code 17. E-mail address | |
| INDIAN KWOR FZ | touch1020ho.com | |
| 18. I have designated the following bank as my | Primary Depository Secondary Depository | |
| 19. Name of Bank | 20. Address | |
| Wells FARGO BANK | 600 21ST STREET | |
| 21. City 22. County | 23. State 24. Zip Code | |
| VERO BEALLY LADIAN RIVE | n n n n n n n n n n | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE DESIGNATION OF CAMPAIGN DEPOSITORY | E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASU AND THAT THE FACTS STATED IN IT ARE TRUE. | URER AND |
| 25. Date | 26. Signature of Candidate | |
| 11-14-22 | X X 22 Dezil | |
| 27. Treasurer's Acceptance of Appointment | (SIII in the blank of the blank | |
| | (fill in the blanks and check the appropriate block) | |
| (Please Print or Type Name) | , do hereby accept the appointme | ent |
| designated above as: Campaign Treasurer | A | |
| 11-14-22 X | 2 miles | |
| | Signature of Campaign Treasurer or Debuty Treasurer | |
| OS-DE 9 (Rev. 10/10) | Rule 1S-2.0001 | |
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