## 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)

STREET, A. DELLER 2023 MAY 26 PM 12: 03

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

OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 12885 No Indian River DR mothy Frank Borden Sebastian, FL 32958 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: IRC My intent is to run as a Write-In candidate. County Commissioner District 1 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 Mepublican Write-In No Party Affiliation candidate. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer MAURO KICHARD 11. Mailing Address 12. Telephone 114 SALAZARLN (815)2189150 17. E-mail address 15. State 16. Zip Code RM61114 @ GHALL. COM SEBASTIAN 32958 Primary Depository 18. I have designated the following bank as my ☐ Secondary Depository 19. Name of Bank 20. Address 23. State 24. Zip Code 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 5-25-2023 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) Richard MAURO , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer. Deputy Treasurer. 5-25-2023 Signature of Campaign Treasurer or Deputy Treasurer

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## 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

2023 MAY 26 PM 12: 03

1. CHECK APPROPRIATE BOX(ES):	OFFICE USE ONLY
∇ Initial Filing of Form Re-filing to Change:	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
7. mothy Frank Borden 4. Telephone 5. E-mail address	code) 12885 N. Findian River Do.
4. Telephone 5. E-mail address	(1 1 72650
(772)532-4273 timborden@bellsoAh.no	ot Jeba stran, PL 321)
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
IRC	applicable:
Commissioner District 1	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fi	ill in name of party as applicable: My intent is to run as a
☐ Write-In ☐ No Party Affiliation ☑ Re	Party candidate.
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer	
Timothy Frank Bo	rden
77. Maining Address	12. Telephone
12885 N. Indian River Of.  13. City 14. County 15. St	(772)532-4273
13. City 14. County 15. St	
	The result of the state of the
18. I have designated the following bank as my	Geocondary Depository
19. Name of Bank	20. Address
21. City 22. County	13600 US Highway 7 23. State 24. Zip Code
Sepastian Indian River	23. State 24. Zip Code 32 5 %
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
5-25-2023	X - 1 = 1
	t (fill in the blanks and check the appropriate block)
Please Print or Type Name)	, do hereby accept the appointment
designated above as:   Campaign Treasurer.	Deputy Treasurer
5-25-2023 <b>X</b> Date	0/2//