## 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 filing officer before

IRC SUPERVISOR OF ELECTIONS 2024 APR 23 AM9:46

opening the campaign account.			0	FFICE USE ONLY		
1. CHECK APPROPRIATE BOX(ES):						
☐ Initial Filing of Form ☐ Re	Treasurer/	Deputy $\Box$ De	pository	☐ Office	☐ Party	
2. Name of Candidate (in this order: First, Middle, Last):			3. Address (include PO Box or Street, City, State, Zip Code):			
(Please Print or Type Name)  MATT ERPENBECK			4900 13th LN			
THE ENTENBLIA			Vero Beach, FL 32966			
4. Telephone:	5. Candidate's Voter Registration #: 6. Email Address:				1/0000	
1772 1 643-2434	(not required for qualif	not required for qualifying purposes)  No. Email Address.  Matterp 14 c gmail. Com				
7. Office Sought (include district, circuit, group, or seat #):  DISTRICTSEAT3  8. If a candidate for a nonpartisan office, check the lift applicable:						ffice, check the box
INDIAN RIVER MOSQUITO CONTROL DES			☐ I intend to run as a Write-In Candidate.			
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a						
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐Party candidate.						
10. I have appointed the following person to act as my: Campaign Treasurer						
			12. Telephone: 13. Email Address: (772) 643-2434 Matters 14@smail,			
MATT ERPENBECK			172 , 643-2	434	motte	1 14 es war
14. Mailing Address:		15. City:		16. State	e: /	17. Zip Code:
4900 13th LN		Vero B	ORO BEACH			32966
18. I have designated the following bank as my (check appropriate box): Trimary Depository Secondary Depository						
19. Name of Bank: 20. Address:						
SPACE CoAST CREDIT UNION         6300 E/oN LN           21. City:         22. County:         23. State:         24. Zip Code:						
21. City:						24. Zip Code: 329 しし
			RIVER	_ •		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.						
			26. Signature of Candidate:			
25. Date: 4/23/24 X M. Expendale						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)						
I, MATT ERPENBECICdo hereby accept the appointment designated above as:						
(Please Print or Type Name)						
Campaign Treasurer.   Deputy Treasurer.						
28. Date: 4/23/24			29. Signature of Campaign Treasurer or Deputy Treasurer			
			X M. Eypenbak			
DS-DE 9 (Rev. 09/23) Rule 1S-2.0001, F.A.C.						e 1S-2.0001, F.A.C.