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

DS-DE 9 (Eff. 10/23)

2119 DEC 13 AM 9:50

29. Signature of Campaign Treasurer of Deputy Treasurer

opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): ☐ Depository ☐ Initial Filing of Form ☐ Re-filing to Change: Office ☐ Treasurer/Deputy 3. Address (include PO Box or Street, City, State, Zip Code): 2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) 544 S. EASU ST Deborah Shellenberger Sebastian FL 32958 5. Candidate's Voter Registration #: 6. Email Address: 4. Telephone: Leb shellenberger agmail. con (69) 313 1215 (not required for qualifying purposes)

7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box if applicable: Hospital Board IRC Sect 7 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 Party candidate. Campaign Treasurer ☐ Deputy Treasurer 10. I have appointed the following person to act as my: 13. Email Address: 11. Name of Treasurer or Deputy Treasurer: 12. Telephone: (30579872516, jann'i abregon@gmail.com)

15. City: 16. State: 17. Zip Code:
Sebastian F(32958) Janet Obregon

14. Mailing Address: Sebastian 18. I have designated the following bank as my (check appropriate box):

Primary Depository

Secondary Depository 20. Address: 19. Name of Bank: 22. County: 21. City: 24. Zip Code: 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: 12/11/22 25. Date: Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) 27. aut () Lugon Lanet Obregon do hereby accept the appointment designated above as:

(Please Print or Type Name) Campaign Treasurer. Deputy Treasurer.

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

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OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):							
☐ 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 PO Box or Street, City, State, Zip Code):							
(Please Print or Type Name)		544 S Easy St					
Deborah Shellenberger		Schastian FL 32958					
		1: 11 0 17	·	1-1			
I. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:							
(not required for qualifying purposes) deb. Shellenberger Smal, com							
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:							
Hospital Board Seat 7 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 reve appointed the following person to act as my: Campaign Treasurer Deputy Treasurer							
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:						
Deborah Shellenberger		1609 1313	12	15	deb. shelle	enbergeragman cer 17. Zip Code:	
14. Mailing Address:	15. Cit	y:		16. St	ate:	17. Zip Code:	
		stian_		<u> </u>		32958	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository							
19. Name of Bank: Seucoast BANK				Address: 1110 Roseland Rd			
21. City:	22. Co	unty:	<u>u</u>	23. St	ate:	24. Zip Code:	
Sebastian	-	RC		F		32959	
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: 2/11/23 X			1 Dur Dhellenberger				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
I, Debotah Shellenberger do hereby accept the appointment designated above as:							
☐ Campaign Treasure	Deputy Treasurer.						
28. Date: 12/11/23		29. Signature of Campaign Treasurer of Deputy Treasurer					
	X Rub	X	Sille	llestr			
DS-DE 9 (Eff. 10/23)					F	Rule 1S-2.001, F.A.C.	