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 opening the campaign account.

724JAN169116911

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):								
	Tracquir	or/Doputy Dor	oository	☐ Office	Party			
 ■ Initial Filing of Form								
(Please Print or Type Name)	.).	17281 N River Rd						
Grant Fichter		Alva, FL 33920						
	PO Box 1002							
5 Candidata's Votor	Pogietra	Alva, FL 33920	drace:					
11170908								
(941) 488-7794 (not required for qualif	grant@grantfichter.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:								
Lee County Commissioner Dist. 5 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 Candid	date. 🗵	Republican			_ Party candidate.			
10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer								
Name of Treasurer or Deputy Treasurer: 12. Teleph			ephone: 13. Email Address:					
Eric Robinson		(941)488-7794	1	eric@robi	nsongruters.com			
14. Mailing Address:	15. Cit	-	16. St	ate:	17. Zip Code:			
133 Harbor Dr S	Venic	е	FL		34285			
18. I have designated the following bank as my (check appropriate box): Primary Depository								
19. Name of Bank:	20. Address:							
Truist	1670 S venice Bypass 22. County: 23. State: 24. Zip Code:							
21. City:	22. Co		FL 51	tate:	24. Zip Code: 34293			
Venice UNDER PENALTIES OF PERJURY, I DECLARE THAT	Sarasota			OR THE APP				
CAMPAIGN TREASURER AND DESIGNATION OF THE	CAMPAIG	N DEPOSITORY AND T	HAT TH	E FACTS STA	TED IN IT ARE TRUE.			
26. Signature of Candidate:								
25. Date: 15 スペイ		X >	Cal	to				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
I, Eric Robinsondo hereby accept the appointment designated above as:								
(Please Print or Type Name)								
■ Campaign Treasurer.								
OR Date:			ampaig	ın Treasurer	of Deputy Treasurer			
28. Date: 1 15 20×4		X wy	1/2					
DS-DE 9 (Eff. 10/23)					Rule 1S-2.001, F.A.C.			

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

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opening the campaign account.						OFFICE GOL CIVET		
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):		t):	3. Address (include PO Box or Street, City, State, Zip/Code):					
(Please Print or Type Name) Grant Fichter			17281 N River Rd					
Grant Floritor		PO Box 1002						
			Alva, FL 33920					
4. Telephone:	5. Candidate's Voter Registration #: 6. Email Address:							
(239)898-4337		required for qualifying purposes) hgfichter2024@			J24@g	mail.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:								
Lee County Commissioner Dist. 5 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 Candid	date.	Republican			Party candidate.		
10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer								
11. Name of Treasurer or Dep	11. Name of Treasurer or Deputy Treasurer:		12. Telephone: 13. E			Email Address:		
Fran Slump (941)488-7794 fran@robinsongruf						insongruter.com		
14. Mailing Address:		15. Cit	•	16. St	tate:	17. Zip Code:		
133 Harbor Dr S		Venice		FL		34285		
18. I have designated the following bank as my (check appropriate box): I Primary Depository Secondary Depository								
19. Name of Bank:			20. Address:					
Truist			1670 S venice Bypass			24. Zip Code:		
21. City: Venice		Saras	•	FL		34293		
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.								
1 ,			26. Signature of Candidate:					
25. Date: 1/16/2024		X I that for						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
Fran Slump								
do hereby accept the appointment designated above as: (Please Print or Type Name)								
☐ Campaign Treasurer. ■ Deputy Treasurer.								
29. Signature of Campaign Treasurer of Deputy Treas					of Deputy Treasurer			
28. Date: 1/5/20	X/ tran Slump							
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.								