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

DS-DE 9 (Rev. 10/10)

RECEIVED

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HANAGLE COUNTY SUPERVISOR OF ELECTIONS

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

officer before opening the campaign account.					-	OFFICE	USE ONLY	
1. CHECK APPROPRIATE BOX(E	S):							
Initial Filing of Form Re	-filing to Change:	Treasurer/Dep	puty 🔲	Depository		Office	Party	
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code)						state, zip		
4. Telephone 5. E-mail address Sed DErrad Withmore Concil								
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.					
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								
Write-In No Party Affiliation DERWALLEN Party candidate.								
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer								
10. Name of Treasurer or Deputy Treasurer								
11. Mailing Address 12. Telephone								
302 July D. S. V. S. adunton Vol. 77 (411, 188-3618								
13. Gity 14. County 15. State 16. Zip Code 17. E-mail address The following the state of the sta								
18. I have designated the following bank as my Primary Depository Secondary Depository								
19. Name of Bank	20. Address	20. Address 5817 Marakee Ale W						
21. City	22. County		23. State			24. Zip Co	0de 2014	
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 3/4/17		26. Signature of Candidate						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
1, I CT II IN + I (Please Print or Type Name), do hereby accept the appointment								
designated above as: Deputy Treasurer Deputy Treasurer.								
Date X Signature of Campaign Treasurer or Deputy Treasurer								
Dale		Signature 0	і Сапіраіўіі	i ileasulei Ol	UCDUIN	riicabult	<i>5</i> 1	