## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN 2 DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

**DS-DE 9 (Rev. 10/10)** 

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MANAILE COUNTY UPERVISOR OF ELECTIONS

SUPERVISOR OF ELECTIONS

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

NOTE: This form must be on file with the qualifying officer before opening the campaign account.								OFFIC	E USE	ONLY	
1. CHECK APPROPRIATE  Initial Filing of Form	•	<b>5):</b> -filing to Change:	: 🔲 т	reasurer	Deputy	<b>]</b> Deposito	гу 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip code)						
James R Hengel					509 Chantilly Trail						
4. Telephone	5. E-ma	il address			Bradenton, Fl 34212						
(561 ) 531 4107	) 531 4107   james_hengel@yahoo.com										
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
Manatee County Commission District 1					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 Party candidate.											
9. I have appointed the following person to act as my X Campaign Treasurer Deputy Treasurer											
10. Name of Treasurer or I	Deputy Tr	easurer									
James R Hengel											
11. Mailing Address 12. Telephone											
509 Chantilly Trail							(361)	5319	110'	7	
13. City	· ·			1	6. Zip Code	17. E-mail address					
Bradenton Manatee			FI	34212 james_hengel@yahoo.com							
18. I have designated the following bank as my											
19. Name of Bank		,		20. Add							
Bank of America					SR64E						
21. City		22. County			23. State			24. Zip C	code		
Bradenton	······································	Manatee			FI			34212			
UNDER PENALTIES OF PERJU DES		ARE THAT I HAVE OF CAMPAIGN DE							EASUR	ER AND	
25. Date					26. Signature of Candidate						
6/8/2020				X	m R	/LX					
27. Treasur	er's Acce	eptance of Appo	ointmen	t (fill in th	e blanks and	check the	appropriat	e block)			
ı, James R Hengel						, do her	eby accep	t the appo	ointmen	ıt	
	(Pleas	se Print or Type I	Name)			<del></del> .					
designated above as:	X	Campaign 1	Treasure	r /\	Deputy Tre	easurer.					
6/8/20	20		X	11	. 0 1	4X					
- Date				Signature of Campaign Treasurer or Deputy Treasurer							