## 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

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opening the campaign account.				<u> </u>	UPERVISOR O	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)			211111 15 1 1 1 1				
JAMES J CENA			3414 47th AUE. E.				
		BR	ADENT	しん	FL 38	203	
4. Telephone: 5. Candidate's Voter	ion #:   6. Email Address:						
(941) 75/ 7675 /05314874 (not required for qualify	S) JIMCENAIRSMAIL.COM						
7. Office Sought (include district, circuit, group, or seat #):  SEAT 4  8. If a candidate for a nonpartisan office, check the box if applicable:							
SOUTHERN MANATEE FIRE RESCUE   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							
9. It a candidate for <u>partisan</u> 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   Deputy Treasurer							
11. Name of Treasurer or Deputy Treasurer:			12. Telephone:		13. Email Address:		
N/A			)				
14. Mailing Address:	15. City	<b>/</b> :		16. St	ate:	17. Zip Code:	
NA							
18. I have designated the following bank as my (check appropriate box):   Primary Depository   Secondary Depository							
19. Name of Bank: 20. Address:							
1. City: 22.		County:		23. State:		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:						
25. Date: /-/9-24		X tours the					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
do hereby accept the appointment designated above as:  (Please Print or Type Name)							
☐ Campaign Treasurer. ☐ Deputy Treasurer.							
			29. Signature of Campaign Treasurer of Deputy Treasurer				
28. Date:		X					
DS-DE 9 (Eff. 10/23)		/\				Dulo 48 2 004 F 4 0	
					ŀ	Rule 1S-2.001, F.A.C.	