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 filling officer before opening the campaign account.

RECEIVED

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MANATEE COUNTY SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

SUPERVISOR OF LEGISLAND OF LIGHT OF ONE OF THE CONTROL OF THE CONT						
1. CHECK APPROPRIATE BOX(ES):						
■ Initial Filing of Form □ Re-filing to Change: □ Treasurer/Deputy □ Depository □ Office □ Party						
Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name)			3. Address (include PO Box or Street, City, State, Zip Code):			
Glenn Keith Pearson			8955 US HWY 301 N UNIT 205			
			PARRISH, FL 34219			
A Tolonkono	E Candidatala Vatar	Douleton	tion #. C Empil Ad	duana		
4. Telephone:	5. Candidate's Voter Registration #: 6. Email Address:				🔘	_:
(941) 405-3005	(not required for qualifying purposes) glenn.mcap@gmail.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:						
Manatee County Commissioner District 1 Intend to run as a Write-In Candidate.						
9. If 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. ☐ Democratic 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 Addres			Address:
Glenn Keith Pearson			(941) 405-3005 glenn.mcdp@gmail.com			
1		15. Cit		16. S	tate:	17. Zip Code:
8955 US HWY 301 N, UNIT 205 PAR			······································			34219
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository						
19. Name of Bank: TRUIST			20. Address: 6102 US HWY 301 N			
21. City:		22. County:		23. State:		24. Zip Code:
			ANATEE			34222
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.						
25. Date: 04/16/2024			26. Signature of Candidate:			
Lo, Dato.			X			<u> </u>
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)						
Glenn K. Pearson do hereby accept the appointment designated above as:						
i, Glenn K. Pearsondo hereby accept the appointment designated above as: (Please Print or Type Name)						
■ Campaign Treasurer. ☐ Deputy Treasurer.						
04/46/2024	29. Signature of	Signature of Campaign Treasurer or Deputy Treasurer				
28. Date: 04/16/2024						
DS-DE 9 (Rev. 09/23) Rule 1S-2.0001, F.A.C.						