| NOTE: This form must be on file with the filling officer before opening the campaign account. MAINTER COUNTY SUPERVISOR OF ELECTION OFFICE USE ONLY I. CHECK APPROPRIATE BOX(E8): MAINTER COUNTY SUPERVISOR OF ELECTION OFFICE USE ONLY Initial Filling of Form Reading the campaign account. Initial Filling of Change: Treasurer/Deputy Depository Office Party 2. Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Streat, City, State, Zip Code): (Plusa Pinti or Type Name) 713 5 Bet changet Treasurer/Deputy Depository Office Party 4. Telephone: (P41) 907 - of of If 95 4 (19 & 1) (Party 4) 96 for C APL, Comm Pm g & & C APL, Comm 7. Office Sought (include distict, circuit, group, or seat #): (A treandidate for antipying purpose) (Party 2) 1907 - of of Pm g & & & C APL, Comm 7. Office Sought (include distict, circuit, group, or seat #): (A treandidate for antipying purpose) (B treandidate for a nonnartisan office, check the box and fill in the name of the party as applicable: I intend to run as a 0. Write-In Candidate (Darty Affiliation Candidate. Party Candidate. Party Candidate. 10. I have appointed the following parson to act as my: Campaign Treasurer Deputy Treasurer 12. Email Address: <td< th=""><th colspan="3">APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)</th><th colspan="4">I do not intend to collect or Spend FEDGELSHEMY campaign. 2024 JUN 10 PM 12: 28Pm B</th></td<> | APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE) | | | I do not intend to collect or Spend FEDGELSHEMY campaign. 2024 JUN 10 PM 12: 28Pm B | | | | |
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| 1. CHECK APPROPRIATE BOX(ES): Imitial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party 2. Name of Candidate (in this order: First, Middle, Last): (Peese Pint or Type Name) 3. Address (include PD Box or Street, City, State, Zip Code): Parter M. & & & & & & & & & & & & & & & & & & & | NOTE: This form must be on file with the filing officer before | | | MANATEE COUNTY | | | | |
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| Pofer M. Bokach 7135 Beckmont furthee Lakewood Ronch, FL 34201 4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address: (94) 907-0/07 | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| (94/) 907-0/07 Ios 44/981 (not required for quiliying purposes) Pm 6 & & Chill Com 7. Office Sought (include distict, circuit, group, or seat #): hakewo of Ranch CDD-2 Seat 3 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable: I 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. 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: 14. Mailing Address: 15. City: 16. State: 17. Zip Code: 18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository 19. Name of Bank: 20. Address: 21. City: 23. State: 24. Zip Code: 21. City: 22. County: 23. State: 24. Zip Code: 25. Date: 6/10/24/ 24. X Zip Code: 26. Signature of Campidate: 26. Signature of Campidate: X 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) 1 1. | | | | 7135 Breechmont Terrace Latewood Robeh, FL 34202 | | | | |
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| 28. Date: | i,do hereby accept the appointment designated above as: (Please Print or Type Name) | | | | | | | |
| 28. Date: | Campaign Treasurer. | | | | | | | |
| DS-DE 9 (Rev. 09/23) Rule 1S-2.0001, F.A.C. | 29 Data | | | | | | | |
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