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

RECEIVED

2017 AUG 14 PM 12: 29

SUPERVISOR OF ELECTIONS MARION COUNTY, FLORIDA

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: T	reasurer/Deputy Depository Deffice Party
2. Name of Candidate (in this order: First, Middle, Last) Sayah Ritterhat William 3. Address (include post office box or street, city, state, zip code) 4. Telephone 5. E-mail address (3Ca) 8) 7-1776 (PO) PC+SYMA) 201, CM 3. Address (include post office box or street, city, state, zip code) 3. Address (include post office box or street, city, state, zip code) 3. Address (include post office box or street, city, state, zip code) 3. Address (include post office box or street, city, state, zip code) 3. Address (include post office box or street, city, state, zip code) 4. Telephone 5. E-mail address	
6. Office sought (include district, circuit, group number) Maria County Two Grows	7. If a candidate for a <u>nonpartisan</u> office, check if
8. If a candidate for a <u>partisan</u> 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 Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer Williams	
11. Mailing Address 30 Pl	12. Telephone (3,02-)817-5506
13. City 14. County 15. Sta Harray	ate 16. Zip Code 17. E-mail address 1 34471 realect
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank Farfo	20. Address SW 1744 H
21. City 22. County Marian	23. State 24. Zip Code 3447
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 8 /14/17	26. Signature of Candidate X Canall Million X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, (Please Print or Type Name), do hereby accept the appointment	
designated above as: Campaign Treasurer Deputy Treasurer. X Signature of Campaign Treasurer or Deputy Treasurer	

DS-DE 9 (Rev. 10/10)

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