2. Name of Candidate (in this order: First, Middle, Last) 3. A Lori Jean Conrad 3. A 4. Telephone 5. E-mail address 6. (352) 816-0928 Hcconrad@aol.com 6. 6. Office sought (include district, circuit, group number) School Board District 1 8. If a candidate for a partisan office, check block and fill in nam □ Write-In No Party Affiliation □ 9. I have appointed the following person to act as my ∑ C 10. Name of Treasurer or Deputy Treasurer Lori J. Conrad 11. Mailing Address 845 SE 24* Terr	RECEIVED 2020 JAN -8 PM 3: 37 SUPERVISOR OF ELECTIONS MARION COUNTY, FLORIDA OFFICE USE ONLY er/Deputy Depository Office Party Address (include post office box or street, city, state, zip de) 845 SE 24th Terr Ocala, FL 34471	
(Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE) NOTE: This form must be on file with the qualifying officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: 2. Name of Candidate (in this order: First, Middle, Last) Lori Jean Conrad 4. Telephone 5. E-mail address (352) 816-0928 + Icconrad@aol.com 6. Office sought (include district, circuit, group number) School Boctrd Boctrd District 9. I have appointed the following person to act as my C 10. Name of Treasurer or Deputy Treasurer Lori Lori J. Conrad 11. Mailing Address 845	SUPERVISOR OF ELECTIONS MARION COUNTY, FLORIDA OFFICE USE ONLY er/Deputy Depository Office Party Address (include post office box or street, city, state, zip de) 845 SE 24 th Terr	
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 8. If a candidate for a <u>partisan</u> office, check block and fill in nam Write-In No Party Affiliation 9. I have appointed the following person to act as my N C 10. Name of Treasurer or Deputy Treasurer Lori J. Conr ad 11. Mailing Address 845 SE 24* Terr 	applicable:	
 Write-In X No Party Affiliation I have appointed the following person to act as my X C Name of Treasurer or Deputy Treasurer Lori J. Conrad Mailing Address B4S SE 24* Terr 	My intent is to run as a Write-In candidate.	
9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer Lori J. Conrad 11. Mailing Address 845 SE 24* Terr	ne of party as applicable: My intent is to run as a	
10. Name of Treasurer or Deputy Treasurer Lori J. Conrad 11. Mailing Address 845 SE 24* Terr		
Lori J. Conrad 11. Mailing Address 845 SE 24* Terr		
845 SE 24* Terr		
	12. Telephone	
	(352) 816.0928	
	16. Zip Code 17. E-mail address	
Ócala Marion FL	34471 HICCOnrade aol. com	
18. I have designated the following bank as my Primary Depository Secondary Depository		
19. Name of Bank 20. Ad CenterState Bank 14	032 E Silver Sogs Blvd	
21. City 22. County	23. State 24. Zip Code	
Ocala Marion	FL 34470	
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 / 26. Sig	gnature of Candidate	
1/8/20 X	Loi O Conrad	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
I, <u>Ori</u> <u>(Orrad</u> (Please Print or Type Name)	the blanksvanu check the appropriate block)	
designated above as: Campaign Treasurer Deputy Treasurer.		
1820 X X Date Signatu	, do hereby accept the appointment	
(Please Print or Type Name)	ine plankszanu check the appropriate block)	

DS-DE 9 (Rev. 10/10)

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