## 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 officer before opening the campaign account.

DS-DE 9 (Rev. 10/10)

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MAMI-DADE COUNTY ELECTIONS DEPARTMENT

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

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
☐ Initial Filing of Form Re-filing to Change: ☒ Tr	easurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
TASDE (1 RTCHO)	code) P.O. BOX 900672
JASPEN RISHOP  4. Telephone 5. E-mail address	HOMESTEAD FL 33090
(786) 7300370 BISHOPYSHERIFF Q1	·
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
	applicable:  ☐ My intent is to run as a Write-In candidate.
MIAMI-DADE COUNTY SHERTEF	
8. If a candidate for a <u>partisan</u> office, check block and fill	•
☐ Write-In ☐ No Party Affiliation ☒ <a href="#">XEPC</a>	DBLTCAN Party candidate.
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer	
JASPEN BISHOP	
11. Mailing Address	12. Telephone
13. City   14. County   15. Sta	(786) 730 0370
	te 16. Zip Code 17. E-mail address
HOMESTEAD MIAMI-DADE FL	33090 BISHOPYSHERIFF@HOTAAIL.COM
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	20. Address
BANK OF AMERICA	33450   SOUTH   DIXTE   HTGHWAY     24. Zip Code
21. City 22. County	_
FLORINA CITY MIAMI-DADE	FL 33034
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. Signature of Candidate
08-17-2023	X Joy
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1, JASPEN BISHOP	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasurer.	Deputy Treasurer.
08-17-7023 X	
Date	Signature of Campaign Treasurer or Deputy Treasurer