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.								OFFICE	E USE	ONLY	
CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party											
2. Name of Candidate (in	3. Address (include post office box or street, city, state, zip										
Jackson Rip Holmes					code) 35 Sidonia Avenue, B Coral Gables, FL 33134						
4. Telephone 5. E-mail address											
(305) 338-5000 rip.holmes@yahoo.com											
Office sought (include district, circuit, group number) City Commissioner Group IV					7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a											
Write-In No Party AffiliationParty candidate.											
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer Jackson Rip Holmes											
11. Mailing Address					12. Telephone						
35 Sidonia Avenue, B							(305	338-50	00		
13. City 14. County 15. Sta					1 . 1						
Coral Gables Miami-Dade FL					33134 rip.holmes@yahoo.com						
18. I have designated the following bank as my Primary Depository Secondary Depository											
19. Name of Bank				20. Address							
Wells Fargo		2100 F	2100 Ponce de Leon								
21. City		22. County			23. State	е		24. Zip C	code		
Coral Gables		Miami-Dade	! 		FL			33134			
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											
February 23, 2023					X Cocto Can Patterny						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, , do hereby accept the appointment											
(Please Print or Type Name)											
designated above as: Campaign Treasurer Deputy Treasurer.											
2-23-23 X Date					OCC XIII Tool MS						
										FAC	
DS-DE 9 (Rev. 10/10)								Kule 19-7	4.UUUI,	r.M.U.	