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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 USE ONLY
1. CHECK APPROPRIATE BOX(ES): Imitial Filing of Form Re-filing to Change: T	reasurer/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 code)
MIKE ESHER	1830 HALBON SIVO
4. Telephone 5. E-mail address (407) 769-3597 Mille Chaston 45th Star	code) 1830 HALBON SIVO KISIMMEE, FL. 347.44
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.
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
	SMUCRAT Party candidate.
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address 1830 HANSOR BIVD	12. Telephone (407)769-3597
13. City 14. County 15. Sta 15. Sta 15. Sta 15. Sta 15. Sta	ate 16. Zip Code 17. E-mail address 34744 Mille Chiller Sthore 4 Sthore Con
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank CSHERSTATE BANK	20. Address 4898 F. Into Bronson Mary
21. City 22. County ST. Cloud OSC F/A	23. State 24. Zip Code 3/97.71
WIND DENNETIES OF RED WRY I DECLARE THAT I HAVE READ TH	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date 2/6/18	26. Signature of Candidate
	t (fill in the blanks and check the appropriate block)
I, MILE ASHSA (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasure	r Deputy Treasurer
2/6/19 X	Signature of Campaign Treasurer or Deputy Treasurer
Date	

DS-DE 9 (Rev. 10/10)

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