APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

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NOTE: This form must be on file with the qualifying officer before opening the campaign account.									OFFIC	E USE ONLY		
1. 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										
Peggy Choudhry					code) 7862 W. Irlo Bronson Memorial Hwy. Suite 269							
4. Telephone						Kissimmee, FL 34747						
(407)4901985	info@voteforpeggy.com									3		
6. Office sought (include of County Commissioner	-	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 Affiliation ☑ Democrat Party candidate.										andidate.		
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer Peggy Choudhry												
11. Mailing Address 7862 W. Irolo Branson HWY PO Box 12. Telephone (407) 490-1985												
13. City Kissimmee	14. County 15. S Osceola FL			ate	te 16. Zip Code 17. E-mail address 34747							
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank Bank Of America					20. Address 700 Celebration Ave.							
21. City		22. County			23. State				24. Zip Code			
Celebration		Osceola			Floi	ida			34747			
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												
3-1-2023					X M D D D D D D D D D D D D D D D D D D							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) , do hereby accept the appointment (Please Print or Type Name)												
designated above as: Campaign Treasurer. Deputy Treasurer.												
3-1-2023 X					Signature of Campaign Treasurer or Deputy Treasurer							
Date	Sigi	iature or oa	mpai	911 11000010	7. 200		2.0001, F.A.C.					