## 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 filing officer before

DEC 15 '28 PM3:35 OSC SOE

opening the campaign account.						0	FFICE 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 this order: First, Middle, Last):			3. Address (include PO Box or Street, City, State, Zip Code):					
(Please Print or Type Name)			5110 Plymouth Turtle Cir					
Dylan Jerome Reinsel			St. Cloud, FL 34772					
								4. Telephone: 5. Candidate's Voter Registrat
814 ) 319 2871 (not required for qualifying p		ring purpose						
7. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for a <u>nonpartisan</u> office, check the box								
School Board, District S   if applicable:   I intend to run as a Write-In Candidate.								
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a								
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐Party candidate.								
10. I have appointed the following person to act as my:								
11. Name of Treasurer or Deputy Treasurer:			12. Telephone: 13. Email Address:					
Dylan Reinsel			(B14) 319-2871 dreinsel42@gmail.com					
			y:		16. St	ate:	17. Zip Code:	
5110 Plymouth Turtle Cir		St.	St. Cloud		FL		34772	
18. I have designated the following bank as my (check appropriate box): 🗹 Primary Depository 🗌 Secondary Depository								
19. Name of Bank:			20. Address:					
PNC BANK			2500 13th					
21. City: St. Cloud		22. Co	-		23. State:		24. Zip Code: 34769	
		Osceola						
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.								
				26. Signature of Candidate:				
25. Date: 12/13/23								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
I,do hereby accept the appointment designated above as:  (Please Print or Type Name)								
☐ Deputy Treasurer.								
				29. Signature of Campaign Treasุน/ีer of Deputy Treasurer				
28. Date: 12/13/23			X Ogla Rif					
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.								