## 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 opening the campaign account.

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**OFFICE USE ONLY** 

1. CHECK APPROPRIATE BOX(ES):						
Initial Filing of Form   Re-filing to Change:   Treasure  2. Name of Candidate (in this order: First, Middle, Last):  (Please Print or Type Name)  (Please Print or Type Name)  (Please Print or Type Name)		Per/Deputy □ Depository □ Office □ Party  3. Address (include PO Box or Street, City, State, Zip Code):  3454 SAGEBRUSH 5T  HARMO いり、FL 34773-6096				
4. Telephone:  ( %(ろ) 7 4 8 . 9 9 2 5						
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ 上上してなるって Party candidate.						
11. Name of Treasurer or Deputy Treasurer:		【] Campaign Treasurer 12. Telephone: (813)て4892			□ Deputy Treasurer  13. Email Address:  ないのをしてのするとのするとのいる。 tate: 17. Zip Code:	
14. Mailing Address: 3454 SAGE brush ST	HARMONY		۲	10. Si	10000000	34773
18. I have designated the following bank as my (check appropriate box): X Primary Depository Secondary Depository						
			20. Address: 4935 E I RLO BROWONHOM. Hwy			
21. City: SAINT CLOUD	22. County: DSCGOLA		23. State:		24. Zip Code: 3477 (- 87でリ	
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.						
i. Date: Victim bin 18,2023			26. Signature of Candidate:			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)						
I,do hereby accept the appointment designated above as:						
Campaign Treasurer.						
28. Date: ) GCGUBEN 18, ZUZZ		29. S	ign <del>ature</del> of C	ampaig		of Deputy Treasurer
DS-DE 9 (Eff. 10/23)			•			Rule 1S-2.001, F.A.C.