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

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SUPERVISOR OF ELECTIONS
LAND O'LAKES, FLORIDA

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Party 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) New Smurna 4. Telephone (657) 207-7150 MageeLindse 3@gmail.com Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan 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 candidate. No Party Affiliation Party Write-In Deputy Treasurer Campaign Treasurer 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer 12. Telephone 11. Mailing Address (607)207-7150 15. State 16. Zip Code 17. E-mail address 13. City 14. County Janto-Corr Primary Depository Secondary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank 333 Bruce B. Down 22. County 23. State 24. Zip Code 21. City Je5/61 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. 26. Signature of Candidate 25. Date 27 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) maare , do hereby accept the appointment (Please Print or Type Name) Campaign Treasurer Deputy Treasurer. designated above as: Signature of Campaign Treasurer or Deputy Treasurer

Rule 1S-2,0001, F.A.C.

DS-DE 9 (Rev. 10/10)