| 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 | | | | JAN 2 5 2021 CITY OF NEW PORT RICHEY CITY MANAGER'S OFFICE | | | | | | |
|--|-------------------|--|--|--|---|--------------------------|--------|-----|-------|--|
| officer before opening the campaign account. | | | | | - | | OFFICE | USE | ONLY | |
| 1. CHECK APPROPRIATE | • | <mark>5):</mark> -filing to Change: | | | Denutu 🗖 | | Office | | Borty | |
| | | | | Freasurer/ | | Depository | | | Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | | 3. Address (include post office box or street, city, state, zip code) | | | | | |
| James Michael Peters | | | | | 6446 River Rd. | | | | | |
| 4. Telephone | 5. E-mail address | | | | New Port Richey, FI 34652 | | | | | |
| 727) 992-8109 Mikepeters6446@gmail.com | | | | | | | | | | |
| 6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | | | | | | | |
| City Council Member | | | | | 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 Party candidate. | | | | | | | | | | |
| 9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer Marcia Sudduth | | | | | | | | | | |
| 11. Mailing Address 12. Telephone | | | | | | | | | | |
| 5438 Manatee Point | | | | | | | | | | |
| 13. City 14. County 15. St | | | | (727) 389-5389 ate 16. Zip Code 17. E-mail address | | | | | | |
| New Port Richey | Pasco FI | | | | 652 | indianabeagle@icloud.com | | | | |
| | , | | | | | | | | | |
| | | | | | | | | | | |
| 19. Name of Bank | | | | | 20. Address | | | | | |
| BB&T Bank 21. City 22. County | | | | 9005 SR 52 23. State 24. Zip Code | | | | | | |
| Hudson | | Pasco | | | FI | | 34669 | uc | | |
| 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 | | | | | |
| 1/25/202/ X Clims phillip | | | | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | |
| I,, do hereby accept the appointment | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | e Print or Type N | | | ; | | | | | | |
| designated above as: 🔀 Campaign Treasurer 🗖 Deputy Treasurer. | | | | | | | | | | |
| 1/25/2021 × Manai Suddelle | | | | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | | |

DS-DE 9 (Rev. 10/10)

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