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



OFFICE USE ONLY

opening the campaign account.	OFFICE USE UNLY
1. CHECK APPROPRIATE BOX(ES):	
☑ Initial Filing of Form ☐ Re-filing to Change: ☐ Treas	urer/Deputy 🗌 Depository 🔲 Office 🔲 Party
2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name)	3. Address (include PO Box or Street, City, State, Zip Code):
1	5706 Riverview Dr.
Matthew Richard Murphy	New Port Richey, FX 34652
· · · · · · · · · · · · · · · · · · ·	
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:	
$(727)514-657$ $\frac{106542092}{\text{(not required for qualifying purp}}$	oses) Simply Murphyagnoil, com
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box	
New Port Richer	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:	
1 lame of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
Matthew Murphy	727) 5146577 Simply marilicism ity: 16. State: 17. Zip Code:
14. Mailing Address: 15. C	ity: 16. State: 17. Zip Code:
	SPORT Richery F1 34652
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository	
19. Name of Bank:	
SYNOVUS Brank	20. Address: 6435 Ridge Rd
21. City:	County: 23. State: 24. Zip Code: 34668
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: //5 / 23/	X /College
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)	
Washing Muschy	
do hereby accept the appointment designated above as: (Please Print or Type Name)	
Campaign Treasurer.	Deputy Treasurer.
/ /	29. Signature of Campaign Treasurer of Deputy Treasurer
28. Date: 1/5/22/	X Montes
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.