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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BY: Orpic USE ONLY

opening the campaign account.				OFFICE OSE ONE
1. CHECK APPROPRIATE BOX(ES):				
☐ Initial Filing of Form ☐ Re-filing to Change: ☐	Treasure	er/Deputy De	pository \Box	Office
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):				
Knstin Hintz Church				
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:				
(not required for quality	es) kriskaden ægmail. com			
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the bo				
City Commission Group 4 if applicable:			n as a Write-In Ca	andidate.
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 Candid	date.	*		Party candidate.
10. I have appointed the following person to act as my:				
1. Name of Treasurer or Deputy Treasurer:		12. Telephone: 13. Ema		ail Address:
IDA E. HINTZ		(Basilian Ga	eulalie	e 2017 @outlook.com
14. Mailing Address:	15. City	:	16. State:	17. Zip Code:
13234 Palmilla Grace	Dade	City	8 PZ	33525
18. I have designated the following bank as my (check appropriate box): Trimary Depository Secondary Depository				
19. Name of Bank:		20. Address:	2	
Centennial Bank		14033 8th	1 Street	
21. City:	22. Cou		23. State:	24. Zip Code:
Dade City	Pas		7	33525
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.				
25. Date: 2/5/24		26. Signature of Candidate:		
23. Date. 2/3/-1		X H H Church		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)				
do hereby accept the appointment designated above as: (Please Print or Type Name)				
Campaign Treasurer	Deputy Treasurer.			
29 Date:		29. Signature of C	ampaigņ Treasu	rer or Deputy Treasurer
28. Date: 2/5-24		X Ida T	Frente	
DS-DE 9 (Rev. 09/23)			()	Rule 1S-2.0001, F.A.C.