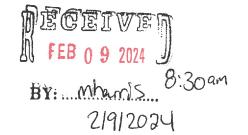
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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.



OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):	
☐ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party	
2. Name of Candidate (in this order: First, Middle, Last):	3. Address (include PO Box or Street, City, State, Zip Code):
(Please Print or Type Name)	
1 11676	37154 goldenrod Ct
Lucinda Uribe	37154 goldenrod Ct Dade City F. 33523
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:	
(35) 867 1039 1014 01974 (not required for quelifying purp	boses) Lucinda Uribe Les @ gmail. Com
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:
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	
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: Campaign Treasurer	
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
Lucinda Uribe	(352 807 1039 Lucindalinke let @ 9m
14. Mailing Address: 15. C	1352 807 1039 Lucindalin be bl & 973 City: 16. State: 17. Zip Code:
37154 Coldenrod ct Da	de City F1. 33523
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository	
19. Name of Bank:	20. Address:
Wells Fargo 21. City: 22. 0	14215 7 ^{3†} County: 23. State: 24. Zip Code:
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE	227
CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.	
25. Date:	26. Signature of Candidate:
2/9/2024	X Lucindallik
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)	
Luc do 110	
do hereby accept the appointment designated above as: (Please Print or Type Name)	
☐ Deputy Treasurer.	
	29. Signature of Campaign Treasurer of Deputy Treasurer
28. Date: 2 9 2024	X Lucinda Vale
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.