## 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

DS-DE 9 (Rev. 10/10)



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

officer before opening the campaigr					OFFICE	USE ONLY		
1. CHECK APPROPRIATE BOX(ES):								
Initial Filing of Form Re-fili	ing to Change: 🔲 🧻	Treasurer/E	Deputy [	Depositor	у 🔲	Office	Party	
2. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zip								
Robert "Bob" A. Gualtieri								
4. Telephone 5. E-mail a								
6. Office sought (include district, circu		7. If a candidate for a <u>nonpartisan</u> office, check if						
Pinellas County Sheriff		applicable:						
My intent is to run as a Write-In candidate						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 Republican Party candidate.								
9. I have appointed the following person to act as my								
10. Name of Treasurer or Deputy Treasurer								
Jamie C. Jodoin								
11. Mailing Address 12. Telephone								
877 Executive Center Drive, W., Suite 100 (727 ) 888-9200								
13. City 14. Cou	14. County 15. St				17. E-mail address			
St. Petersburg Pinellas FL		337	33702  jjodoin@sbf			m		
18. I have designated the following bank as my								
19. Name of Bank	20. Address							
SunTrust Bank 83			8299 Dr. Martin Luther King, Jr. Street, N.					
-	2. County	23. State			- 1	24. Zip Co	de	
St. Petersburg Pi	inellas		FL		3	3702		
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 2 1 Z IZ II								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I, Jamie C. Jodoin , do hereby accept the appointment					tment			
(Please Print or Type Name)								
designated above as: Campaign Treasurer Deputy Treasurer.								
12.2020 X Fam C (1)								
Date Signature of Campaign Treasurer or Deputy Treasurer								