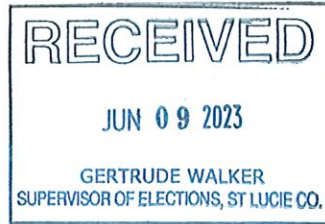# APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

RECEIVED

JUN 0 9 2023

GERTRUDE WALKER
SUPERVISOR OF ELECTIONS, ST LUCIE CO.

OFFICE USE ONLY

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1. CHECK APPROPRIATE BOX(ES):

[X] Initial Filing of Form   Re-filing to Change: [X] Treasurer/Deputy   [ ] Depository   [ ] Office   [ ] Party

2. Name of Candidate (in this order: First, Middle, Last)
Marvin EJ Williamson

3. Address (include post office box or street, city, state, zip code)
6443 Nw Fagan St, Port Saint Lucie FL, 34986

4. Telephone
(954   ) 729-1244

5. E-mail address
Unitedwithwilliamson@gmail

6. Office sought (include district, circuit, group number)
County Commissioner District Three

7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
[ ] My intent is to run as a Write-In candidate.

8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a

[ ] Write-In   [ ] No Party Affiliation   [X] Democratic _____ Party   candidate.

9. I have appointed the following person to act as my   [ ] Campaign Treasurer   [X] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Marvin EJ Williamson

11. Mailing Address
6443 NW Fagan St

12. Telephone
(954) 729-1244

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Port Saint lucie	St. Lucie	FL	34986	Unitedwithwilliamson@gmail.com

18. I have designated the following bank as my   [X] Primary Depository   [ ] Secondary Depository

19. Name of Bank
PNC Bank

20. Address
1320 SW St.Lucie W Blvd

21. City	22. County	23. State	24. Zip Code
Post St. Lucie	Saint Lucie	FL	34986

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
06/04/2023

26. Signature of Candidate
X _(signature)_

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, _____Marvin EJ Williamson_____ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: [ ] Campaign Treasurer   [X] Deputy Treasurer.

06/07/2023   X _(signature)_
Date   Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.