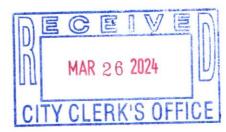
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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

the campaign account.		USE UNLT
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, 2	Zip Code):
(Please Print or Type Name)	606 French Creek Lane	
TIT		
JAMES A. TAYLOR, III	Fort Pierce FL, 34982	
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:		
(772) 216-3842 (not required for qualifying pu	poses) James a tylor 103@gmil	سى.
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box		
City of Fort Pierce Commission District 2 Seat 2 if applicable: I intend to run as a Write-In Candidate.		
District 2 Seat 2 Interior to run as a write-in cariodate.		
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 ca	indidate.
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:	
James Taylor (772) 2(63842 James atalor 103 agail., on 14. Mailing Address: 15. City: 16. State: 17. Zip Code:		
14. Mailing Address: 15.	City: 16. State: 17. Zip	Code:
606 Faut Creek lave F	ion Piere FL 3495	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository		
19. Name of Bank: 20. Address:		
Morine Bank 21. City: Fort Pierce 22.	600 N US Hay Suite 609 County: 23. State: 24. Zip	B
21. City: 22.		Code:
Fort Pierce	H.Lucie FL 349	50
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: 3/26/24	X	
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)		
MCommoian Trocours		
Campaign Treasurer. Deputy Treasurer.		
28. Date: 7/2./-	29. Signature of Campaign Treasurer of Deputy	reasurer
28. Date: 3/26/24	X	
DS-DE 9 (Eff. 10/23)	Rule 1S-2.0	01, F.A.C.