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 LISE ONLY

| 4. CHECK APPROPRIATE POY/ES): | | | | | | | | |
|--|-----------|---------------------------|---|---|------------|--------------------|---------------|--|
| 1. CHECK APPROPRIATE BOX | (E2): | | | | | | | |
| ■ 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) | | | 4351 Winding Place | | | | | |
| John Joseph Heaning | | | Fort Pierce, Florida, 34981 | | | | | |
| | | | | | | | | |
| 4. Telephone: 5. Candidate's Voter Registrat | | | | tion #: 6. Email Address: | | | | |
| (772) 834-4677 | 108201421 | VoteJohnHeaning@gmail.com | | | | | | |
| , | | | | | | | | |
| if applicable: | | | | | | | | |
| Fort Pierce City Commissioner District 2 Seat 2 I intend to run as a Write-In Candidate. | | | | | | | | |
| 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 Deputy Treasurer | | | | | | | | |
| 11. Name of Treasurer or Deputy Treasurer: | | | 12. Telephone: | | | 13. Email Address: | | |
| John Joseph Heaning | | | (772) 834-4677 VoteJohnHeaning@gmail.com | | | | | |
| 14. Mailing Address: | | 15. Cit | - | | 16. St | ate: | 17. Zip Code: | |
| 4351 Winding Place | | Fort Pierce | | | FL | | 34981 | |
| 18. I have designated the following bank as my (check appropriate box): I Primary Depository Secondary Depository | | | | | | | | |
| 19. Name of Bank: | | | 20. Address: | | | | | |
| | | | | S Hwy 1 | | | | |
| 21. City: | | 22. County: | | | 23. State: | | 24. Zip Code: | |
| | | | | | | | 34950 | |
| 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: 17 April 2024 | | | 26. Signature of Candidate: | | | | | |
| 25. Date: | | | X Louis Chin | | | | | |
| 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. | | | | |
| 28. Date: ¹⁷ April 2024 | | | 29. | 29. Signature of Campaign Treasurer or Deputy Treasurer | | | | |
| | | | X | | | | | |
| DS-DE 9 (Rev. 09/23) | | | | Rule 1S-2.0001, F.A.C. | | | | |