SUPERVISOR OF ELECTIONS

2020 JUN - I AM 8: 23

ST JOHNS COUNTY VICKY OAKES

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

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

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

(I ELAGE I MINT ON I II E)												
NOTE: This form must be on file with the qualifying officer before opening the campaign account.									OFFIC	E USE	ONLY	
1. CHECK APPROPRIATE	BOX(ES	5):										
Initial Filing of Form Re-filing to Change:   Tree					er/Deputy		Deposito		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last) Austin Lee Lanteigne					Address (include post office box or street, city, state, zip code)     207 Queen Road							
4. Telephone 5. E-mail address				St. Augustine, FL 32086								
(757) 284-8923 austinlanteigne@gmail.c					n							
6. Office sought (include district, circuit, group number) St. Augustine - St. Johns Airport Authority Board Group  4 7. If a candidate for a nonpartisan office, check if applicable:  My intent is to run as a Write-In 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 Party candidate.												
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer Adam Lanteigne												
11. Mailing Address 20 Oceanside Circle					12. Telephone ( 904 ) 584 - 7777							
13. City 14. County			15. Sta	ate								
St. Augustine St. Johns			FL		32080 adamla			anteigne@gmail.com				
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank Regions Bank					20. Address 1420 US Highway 1 S							
21. City St. Augustine  22. County St. Johns					23. State Florida				24. Zip Code 32084			
UNDER PENALTIES OF PERJU		ARE THAT I HAVE I								EASURE	R AND	
25. Date					26. Signature of Candidate							
29 MAY 2020				X Aunth								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I, Adam Lanteigne, do hereby accept the appointment												
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
5/29	120		X							_		
Date					Signature of Campaion Treasurer or Deputy Treasurer							