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.

SUPERVISOR OF ELECTIONS

JAN 02 2024

ST. JOHNS COUNTY

OFFICE USE ONLY

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, Mice (Please Print or Type Name) Elli Crimila				ity, State, Zip Code): Rad 32081
	's Voter Registration			
(904) 669- 1641 108069 (not require	d for qualifying purposes)	Eddi C	Gumer C	Me. Com
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box if applicable: 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. ☐ Ipslicate. ☐ 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:				
Eldie Cremmer	(9)	4)669-00	41 Eddie C	17. Zip Code: 3238/
14. Mailing Address:	15 City:		16. State:	17. Zip Code:
157 hButy Bell Id.	104110	4314		
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository				
19. Name of Bank: 20. Address: 900 SR 16				
21. City: St. Ayusta		sohns	23. State:	24. Zip Code: 320 \$ 4
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.				
		Signature of C		
25. Date: / · \(\cdot \cdot \)	X	alch	lu	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)				
I,				
☐ Campaign T	reasurer.	Deputy T	reasurer.	
28. Date: 1・ よ・ ア 3	29. X	Signature of	andbaign Treasurer	of Deputy Treasurer
DS-DE 9 (Eff. 10/23)				Rule 1S-2.001, F.A.C.