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 08 2024

ST. JOHNS COUNTY

OFFICE USE ONLY

opening the campaign account.							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, Middle, Last):			3. Address (include PO Box or Street, City, State, Zip Code):						
(Please Print or Type Name)			224 North Forest Dune DR.						
I SANC HENRY DEAN			5T. ANGUSTINE, FL. 32080						
/				,		, ~, 3	3000		
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:							···		
					indead 47@ SMAIL . Com				
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:									
County Commission District 5 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. ☐ Republican Party candidate.									
10. I have appointed the following person to act as my:									
11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address:									
11. Name of Treasurer of Deputy Treasurer: Mich Clukey (904)679-3119 Melukey Ecjykey AND 14. Mailing Address: 201 OWENS FIXE UNITA 15. City: 5TAY645TINE FLA 32080									
14. Mailing Address: 15. City			y:		16. St	ate:	17. Zip Code:		
201 OWENS AVE UNITA STAG				SINE	FL,	11	32080		
18. I have designated the following bank as my (check appropriate box): 💢 Primary Depository 🗌 Secondary Depository									
19. Name of Bank:			20. Address:						
South STATE BANK 21. City: 22. Con			1975 1971 A South unty: 23. State: 24. Zip Code:						
21. Oity.			TONN FL			32080			
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: 1-8-24			26. Signature of Candidate:						
20. Buto. / 6			X	Henr	YLL	ler	<u> </u>		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)									
I. MicAHA CLUEY JRdo hereby accept the appointment designated above as:									
(Please Print or Type Name)									
🗹 Campaign Treasurer.				Deputy Treasurer.					
00 000 1/1/20				ignature of C	ampaig	n Treasurer	of Deputy Treasurer		
28. Date: 1/4/23			X //						
DS-DE 9 (Eff. 10/23)						ı	Rule 1S-2.001, F.A.C.		