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		
1. CHECK APPROPRIATE BOX(ES):							
Mnitial Filing of Form Re	/Deput	ty 🗆 De	pository	☐ Office	e 🗆 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)			121 VIRGININ ST				
Gigi BENNINGTON			EDGEWATEN, Fl 32/32				
4. Telephone:	5. Candidate's Voter	Registration	n #:	6. Email Ad	dress:		
	I was a second of the second o	puired for qualifying purposes) GBENNINGTON © CFL, 19, Control on the control of					
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:							
DISTRICT Q I intend to run as a Write-In Candidate.						date.	
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:							
11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address:							
Dow DEW NINGTON 386 1889-2680 EFL, AR, CON 14. Mailing Address: 15. City: 16. State: 17. Zip Code:							
14. Mailing Address: 15. City: 16. State: 17. Zip Code:						17. Zip Code:	
121 VR GINIA 5/2 EDG			Ew	1A7EN	FL		32132
18. I have designated the following bank as my (check appropriate box): 🗵 Primary Depository 🗌 Secondary Depository							
19. Name of Bank: 20. Address:							
21. City: 22. County: 23. State: 24. Zip Code:							24. Zip Code:
EDGOUNTER 1/			sty.		72. Sta	ite:	32/32
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: 6/3/24 X Significant of Summate.							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
I, DON BENNING70 N do hereby accept the appointment designated above as: (Please Print or Type Name)							
Campaign Treasurer. Deputy Treasurer.							
28. Date: 6 3 2 4 X Signature of Campaign Treasurer of Deputy Trea						of Deputy Treasurer	
DS-DE 9 (Eff. 10/23) / Rule 1S-2 001 F.A.C.							