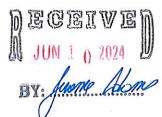
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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

opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form 🔲 Re-filing to Change: 🔲 Treasur	
2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name)	3. Address (include PO Box or Street, City, State, Zip Code):
	291 North Gaines street
Mark J Drollinger	Oak Hill, FL 32759
4. Telephone: Gandidate's Voter Registra	ition #: 6. Email Address:
(321) 501-8329 108676515 (not required for qualifying purpos	ntion #: 6. Email Address: mjd 291@earth/ink.net
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box
City of Dak Hill Commission Seat#	☐ I intend to run as a Write-In Candidate.
9. If a candidate for <u>partisan</u> office, check the box and fill in t	the name of the party as applicable: I intend to run as a
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐	Republican Party candidate.
	Campaign Treasurer
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
Mark J Orollinger	(32) 1501 -8329 mjd 291 Bearthlink, Ne
14. Mailing Address: 15. City Agl Worth Gaines Street Oa	(32) 1501 -8329 mid 29) Bearthlink, Nes y: 16. State: 17. Zip Code: K Hill FL 32759
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository	
19. Name of Bank: Bank of America 21. City: New Smyrna 22. Coo	20. Address:
21. City: 22. Co	unty: 23. State: 24. Zip Code:
	olysig FC 32168
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: 10 Jun 2024	X Mal Chill
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)	
(Please Print or Type Name)	_do hereby accept the appointment designated above as:
☐\Campaign Treasurer.	☐ Deputy Treasurer.
DO DO CO	29. Signature of Campaign Treasurer of Deputy Treasurer
28. Date: 10 Jun 2024	X // W/ //w/
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.