## 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)

RECEIVED

FEB 1 4 2618

CITY OF PORT ORANGE CITY CLERK

Rule 15-2.0001, F.A.C.

NOTE: This form must be on file with the qualifying officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository 2. Name of Candidate (in this order, First, Middle, Last) 3. Address (include post office box or street, city, state, zip code)178 Horseman Drive Betty Gaddy Ceribelli Port Drange, FL 32127 6. Office sought (include district, circuit, group number)

7. If a candidate 7. If a candidate for a nonpartisan office, check if District l applicable: City Council 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 Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone Jame Same 13. City 14. County 16. Zip Code 15. State 17. E-mail address Same 18. I have designated the following bank as my **Primary Depository** Secondary Depository 19. Name of Bank 20. Address 3860 So. Nova Hoad 22. County Hort Ominae UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and theck the appropriate block) 27. Gaddy (Please Print or Type Name) , do hereby accept the appointment designated above as: Campaign Treasurer Deputy Treasurer. addi Signature of Campaign Treasurer or Deputy Treasurer