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)

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Rule 1S-2.0001, F.A.C.

| NOTE: This form must be on file with the qualifying officer before opening the campaign account. | | | | | | | | | OFFIC | E USE | ONLY | | |
|--|------------------|-----------------------|--|---------------------------------------|---|---|---------|---------------|---------------------|-------|-------|--|--|
| 1. CHECK APPROPRIATE | BOX(ES) | | | | | | | | • | | | | |
| ☐ Initial Filing of Form | Re-fi | iling to Change | : X | Treas | urer/D | Deputy [| Deposit | ory [| Office | | Party | | |
| 2. Name of Candidate (in Danny Fuqua | First, Middle, I | _ast) | | code) 112 A | leatha Dr | ive | | street, city, | state, | zip | | | |
| 4. Telephone (386) 566-8914 | ail.com | | Jayto | na Beach | 1, Florida | 32114 | | | | | | | |
| Office sought (include district, circuit, group number) Volusia County Council District #2 | | | | | | 7. If a candidate for a <u>nonpartisan</u> office, check if applicable: 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 | | | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer Sarah Jones | | | | | | | | | | | | | |
| 11. Mailing Address 44 Woodfield Dr | | | | | 12. Telephone (386) 290-2653 | | | | | | | | |
| 13. City Port Orange | 14. Co Volusi | 15. St FL | 15. State 16. Zip Code 17. E-mail address sarahjanejones | | | | | | n | | | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | | | | | | | | |
| 19. Name of Bank SunTrust Bank | | | | 20. Address 4900 Clyde Morris Blvd | | | | | | | | | |
| 21. City Port Orange | | 22. County Volusia | | | | 23. State FL | | | 24. Zip Co 32129 | ode | | | |
| 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. | Signa | ture of Can | didate | | •. | | | | |
| A AUGUST 4-2021 | | | | X Wan Fugue | | | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | | | |
| Sarah Jones , do hereby accept the appointment | | | | | | | | | • | | | | |
| (Please Print or Type Name) | | | | | | | | | | | | | |
| designated above as: | X | Campaign T | reasure | ЭГ | | Deputy Tre | asurer. | | | | | | |
| August 4, 2021 X Supply (5000) | | | | | | | | | į | | | | |
| Date | | | | Sign | Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | |