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 qualifying

DS-DE 9 (Rev. 10/10)

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OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Office Party Re-filing to Change: X Treasurer/Deputy ☐ Depository Initial Filing of Form 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) Susan G Sigler 2834 Osprey Cove Dr. New Smyrna Beach Fl 5. E-mail address 4. Telephone 32168 (386) 426-5764 (lom 7. If a candidate for a nonpartisan office, check if 6. Office sought (include district, circuit, group number) applicable: county council district 3 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 enublican Party candidate. No Party Affiliation Write-In **Deputy Treasurer** 9. I have appointed the following person to act as my Campaign Treasurer 10. Name of Treasurer or Deputy Treasurer Charles A Sigler 12. Telephone 11. Mailing Address 2834 Osprev Cove Dr.) 17. E-mail address 16. Zip Code 14. County 15. State 13. City 32168 casigler2112@gmail.com FI New Smyrna Beach Volusia ▼ Primary Depository □ Secondary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank 763 E. 3rd Ave SouthState Bank 24. Zip Code 23. State 22. County 21. City 32169 New Smyrna Beach Volusia 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. 26. Signature of Candidate 25. Date Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment Deputy Treasurer Campaign Treasurer designated above as: Signature of Campaign Treasurer or Deputy Treasurer