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

JUN 13'24 PM12:50

opening the campaign account.				O	FFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	,				
☐ Initial Filing of Form ☐ Re-filing to Change: ☐	Treasure	er/Deputy 🖒 De	epository	Office	☐ Party
2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) 5 taro w/		3. Address (include PO Box or Street, City, State, Zip Code):			
Jody Ite Sparous		Deltons	-		
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:					
(386)490 2849 105718678 (not required for qualifying purposes) 2513 He @ 4 phoo com					
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:					
De Horr District 6 I intend to run as a Write-In Candidate.					
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.	ate.				Party candidate.
10. I have appointed the following person to act as my: 💢 Campaign Treasurer 🔲 Deputy Treasurer					
11. Name of Treasurer or Deputy Treasurer:		12. Telephone: 13. Email Address:			
Jody Storesk (386) 490 2849 JS (3 ke @ 4 a ho, com 14. Mailing Address: 15. City: 16. State: 17. Zip Code:					
1	15. City:	11	16. State:	1	7. Zip Code:
					32732
 18. I have designated the following bank as my (check appropriate box):					
Main Street Community	1	20. Address:			
Main Street Community 21. City:	22. Cour	nty:	23. State:	2	4. Zip Code:
350 S. Volusia Ave	Vol	SiA	F2.	3	32763
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.					
	2	26. Signature of Candidate:			
25. Date: 4/13/24		X John Son			
77. Treasurer's Acceptance of Appointment (fill in the blanks and cleeck the appropriate box)					
do hereby accept the appointment designated above as: (Please Print or Type Name)					
Campaign Treasurer.					
8. Date:	- 1 -	9. Signature of Ca	ampaign Trea	asurer of I	Deputy Treasurer
S-DE 9 (Eff. 10/23)		1/2		Rule	e 1S-2.001, F.A.C.