CITY OF ORANGE CITY RECEIVED

MAR 2 0 2024

CITY CLERK'S OFFICE

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 |
|---|--|
| 1. CHECK APPROPRIATE BOX(ES): | |
| ☐ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party | |
| 2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) (Please Print or Type Name) (Please Print or Type Name) | 3. Address (include PO Box or Street, City, State, Zip Code): 2845 STAGS LEAP DA. ORANGE CITY FL. 32N63 |
| 4. Telephone: 5. Candidate's Voter Registra 107 016 - 7428 10866358 (not required for qualifying purpose) | de amen and an interest coul |
| 7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable: I intend to run as a Write-In Candidate. 9. If a candidate for <u>partisan</u> office, check the box and fill in the name of the party as applicable: I intend to run as a | |
| ☐ Write-In Candidate. ☐ | |
| 10. I have appointed the following person to act as my: | |
| 11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address: WENING ON AMBRITAGE | |
| 14. Mailing Address: 15. Cit 2845 51NK LBAP DR ORNA | (400) 116 7428 WEATHE ORANGE CANFL. G. y: 16. State: 17. Zip Code: 32763 |
| 18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository | |
| 19. Name of Bank: MAIN STREET BAWK | 20. Address: 850 S, VOLUS/Á |
| 21. City: 22. Co | unty: 23. State: 24. Zip Code: 32/163 |
| 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. | |
| 25. Date: 3/20/24 | X Mark Hunn |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) | |
| do hereby accept the appointment designated above as: (Please Print or Type Name) | |
| Campaign Treasurer. Deputy Treasurer. | |
| 28. Date: $3/20/24$ | 29. Signature of Campaign Treasurer of Deputy Treasurer |
| DS-DE 9 (Eff. 10/23) | Rule 1S-2.001, F.A.C. |