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 officer before opening the campaign account.

2. Name of Candidate (in this order: First, Middle, Last) 4. Telephone 5. E-mail address 6. Office sought (include district, circuit, group number) 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate Party candidate. Party candidate. Party candidate. On Name of Treasurer or Deputy Treasurer Deputy Treasurer	officer before opening the	e campa	ign account.						OFFICI	E USE ONL	∟Y	
2. Name of Candidate (in this order: First, Middle, Last) 4. Telephone 5. E-mail address 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate My intent is to run as a Write-In candidate Party candidate Party candidate On Name of Treasurer or Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone	1. CHECK APPROPRIATE	BOX(E	S):									
4. Telephone ()	☐ Initial Filing of Form	Re	-filing to Change:	T	reasurer	Deputy [Depositor	у 🗌	Office	Pai	rty	
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate	2. Name of Candidate (in this order: First, Middle, Last)						de post office	e box or s	street, city,	state, zip		
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 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	4. Telephone	5. E-ma	il address									
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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												
Write-In No Party Affiliation												
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 () 13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 21. City 22. County 23. State 24. Zip Code UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate												
10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone () 13. City 14. County 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository 9. Name of Bank 20. Address 21. City 22. County 23. State 24. Zip Code UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate X 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.	Write-In No Party AffiliationParty candidate.											
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13. City	10. Name of Treasurer or Deputy Treasurer											
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27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I,, do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. X	25. Date					26. Signature of Candidate						
I,, do hereby accept the appointment (Please Print or Type Name) designated above as:					X							
(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.												
(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.												
X				, do note	, Sy accep	λι τι ο αρρο	Hariott					
	designated above as: Campaign Treasurer Deputy Treasurer.											
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Date Signature of Campaign Treasurer or Deputy Treasurer	Date			/\	Signature of Campaign Treasurer or Deputy Treasurer							

Rule 1S-2.0001, F.A.C. DS-DE 9 (Rev. 10/10)