STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX:

☐ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. **Name of Candidate** (in this order: First, Middle, Last)

3. Address (include post office box or street, city, state, zip code)

4. Telephone (optional)
( )

5. E-mail address (optional)

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.

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** ☐ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address (If post office box or drawer, also include street address)

12. Telephone
( )

13. City | 14. County | 15. State | 16. Zip Code | 17. E-mail address (optional)

18. **I have designated the following bank as my** ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

20. Street 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 DESIGNATION OF CAMPAIGN DEPOSITORY 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, _____ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☐ Deputy Treasurer.

_____ **X** _____
Date Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 11/09)

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