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

12-07-23A 11:38 RCVD

	opening the campaign account.	OFFICE USE ONLY	
2. Name of Candidate (in this order: First, Middle, Last): Cray Pussel 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 4. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 4. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 4. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 4. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 4. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 4. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include Po Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include Po Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include Po Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include Po Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include Po Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include Po Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include Po Box or Street, City, State, Zip Code): (Please Print or Type Name) 5. Candidate (include Po Box or Street, City, State, Zip Code): (Please Print or Type Name)	1. CHECK APPROPRIATE BOX(ES): Completion of	- revised form DOE 10/25	
4. Telephone: S. Candidate's Voter Registration #: 6. Email Address:		The second control of	
4. Telephone: S. Candidate's Voter Registration #: 6. Email Address: Crusel 1903 c.g.mail.com	Target - contraction - specification in responsibilities - the second responsibilities and a second responsibilities	3. Address (include PO Box or Street, City, State, Zip Code):	
5. Candidate's Voter Registration #: Cruse 1930 grain.com			
5. Candidate's Voter Registration #: Cruse 1930 grail.com	Cray Russell	Winter Park, FL. 32792	
7. Office Sought (include district, circuit, group, or seat #): Chy Commissioner - Stat 2 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. 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. Party candidate. Party candidate. 10. I have appointed the following person to act as my: 11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address: 14. Mailing Address: 15. City: 16. State: 17. Zip Code: 17. Zip Code: 18. I have designated the following bank as my (check appropriate box): 19. Name of Bank: 19. Name of Bank: 10. Linker Party is a point of Type Name) 10. Date: 10. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) 10. Campaign Treasurer. 10. Deputy Treasurer of Deputy Treasurer 12. Telephone: 13. Email Address: 17. Zip Code: 17. Zip Code: 18. Thave designated the following bank as my (check appropriate box): 19. Name of Bank: 10. Linker Party is a candidate for a nonpartisan office, check the box is a party as applicable: I intend to run as a Write-In Candidate in the party as applicable: I intend to run as a Write-In Candidate in the party as applicable: I intend to run as a Write-In Candidate in the party as applicable: I intend to run as a Write-In Candidate in the party as applicable: I intend to run as a Write-In Candidate in the party as applicable: I intend to run as a Write-In Candidate in the party as applicable: I intend to run as a Write-In Candidate in the party as applicable: I intend to run as a Write-In Candidate in the party as applicable: I intend to run as a Write-In Candidate in the party as applicable: I intend to run as a write-In Candidate in the party as applicable: I intend to run as a write-In Candidate in the party as applicable: I intend to run as a write In Candidate in the party as applicable: I intend to run as a	4. Telephone: 5. Candidate's Voter Registr	ration #: 6. Email Address:	
		crussell9293egmail.com	
Intend to run as a Write-In Candidate.	Ω , Ω	8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:	
Write-In Candidate. Party Affiliation Candidate. Party candidate.		☐ I intend to run as a Write-In Candidate.	
10. I have appointed the following person to act as my:	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	
11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address:	☐ Write-In Candidate. ☐ No Party Affiliation Candidate.	Party candidate.	
14. Mailing Address: 15. City: 16. State: 17. Zip Code: 32 74 2 18. I have designated the following bank as my (check appropriate box): 19. Name of Bank: 10. City: 10. Address: 10. Address: 10. City: 11. City: 12. County: 12.			
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository 19. Name of Bank: Ggcnf Gank - Under Gank			
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository 19. Name of Bank: Ggcnf Gank - Under Gank	Chris Hoals	(407)4630510 Chrishouts eyahar.com	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository 19. Name of Bank: Ggcnf Gank - Under Gank	14. Mailing Address: 15. Ci	ty: 16. State: 17. Zlp Code: 32792	
21. City: County: Cou	18. I have designated the following bank as my (check appropriate box): Primary Depository		
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: C - 6 - 202	19. Name of Bank: Cogent Bank- Winter Park	20. Address: 655 WHOISE Blud. Suite 111	
25. Date: Campaign Treasurer Campaign Depository and That The Facts Stated in it are true. 26. Signature of Candidate:	Winter Bark	Days FC 32789	
25. Date: 2-6-2023 X 27.	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.		
Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) Chris Heat do hereby accept the appointment designated above as: (Please Print or Type Name) Deputy Treasurer. Deputy Treasurer Deputy Tre	25 Peter 12 1 2 1	26. Signature of Candidate:	
do hereby accept the appointment designated above as: (Please Print or Type Name) Campaign Treasurer. Deputy Treasurer. 29. Signature of Campaign Treasurer of Deputy Treasurer X	25. Date: (2-6-202)	X	
(Please Print or Type Name) Campaign Treasurer. Deputy Treasurer. 29. Signature of Campaign Treasurer of Deputy Treasurer X	27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)		
(Please Print or Type Name) Campaign Treasurer. Deputy Treasurer. 29. Signature of Campaign Treasurer of Deputy Treasurer X	Charles Hoods		
28. Date: 29. Signature of Campaign Treasurer of Deputy Treasurer X	(Please Print or Type Name)	do hereby accept the appointment designated above as:	
28. Date: 29. Signature of Campaign Treasurer of Deputy Treasurer X	Compaign Traceurer	Deputy Tressurer	
28. Date: (2-6-2023 X	G Campaign Heasurer.		
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.	28. Date: (2-6-2023	/// / ///	
	DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.	

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(PLEASE PRINT OR TYPE)

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12-07-23A11:38 RCVD RC 12-07-100 NOVD

opening the campaign account.	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES): Completion of new	POE form revised 10/23	
☐ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasure	The state of the s	
 Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) 	3. Address (include PO Box or Street, City, State, Zip Code):	
Ω 1 11		
Craig Russell	Winter lark. FL. 3279Z	
4. Telephone: 5. Candidate's Voter Registrat	tion #: 6. Email Address:	
(not required for qualifying purpose		
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:	
City Commissioner- Seaf 2	☐ 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	he name of the party as applicable: I intend to run as a	
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐	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:	
hathleen Vemory	(407) 529 7775 Gatedemary egmail.com	
14. Malling Address: 15. City 1923 Sugmerfield Co. W	(407) 529 7775 Cateolemany e g mail. com 1: 10. State: 17. Zip Code: 1. 10. 741K PL 32792	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository		
19. Name of Bank: Cosent Bank. Wyter Park	20. Address: 655 W. Marxe Blul suite III Inty: 23. State: 24. Zip Code:	
	Verge 23. State: 24. Zip Code: 32792	
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.		
particular to the second of th	26. Signature of Candidate:	
25. Date: (2.6~ 23	X Chell	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)		
I, Kathleen Temory (Please Print or Type Name)	_do hereby accept the appointment designated above as:	
☐ Campaign Treasurer.	Deputy Treasurer.	
28 Date: 17 / 74	29. Signature of Campaign-Treasurer of Deputy Treasurer X A M M M M M M M M M M M M	
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.	