STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN DEPOSITORY
FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

☐ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer ☐ Secondary Depository

Name of Candidate	1. Address (include post office box or street, city, state, zip code)

Telephone (optional) ( )	2. Party **(Partisan candidates only)**	3. Office (add district, circuit or group number)

I have appointed the following person to act as my ☐ Campaign Treasurer ☐ Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer	
5. Mailing Address (If post office box or drawer add street address)	6. Telephone

7. City	8. County	9. State	10. Zip Code

I have designated the following named bank as my ☐ Primary Depository ☐ Secondary Depository

11. Name of Bank	12. Street Address

13. City	14. County	15. State	16. Zip Code

17. Signature of Candidate X	Date

Campaign Treasurer's Acceptance of Appointment

I, _____ , do hereby accept the appointment as
(Please Print or Type)

☐ Campaign Treasurer ☐ Deputy Treasurer for the campaign of _____ ,

who is seeking nomination or election as a _____ candidate to the office of
(Party)

_____ . As a duly registered voter in _____

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

_____ X _____
Date Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 08/03)