Amended

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.

CITY OF FORT LAUDERDALE

2024 JUN 13 PM 1: 10

CITY CLERK'S OFFOFFICE USE ONLY

opening the campaign account.	CITY CLERK'S OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
☐ Initial Filing of Form	
— I a series	B. Address (include PO Box or Street, City, State, Zip Code):
(Please Print or Type Name)	and 200 lath 22.
	Ff. 1 and Fla.
lect 1 rearra	33315
4. Telephone: 5. Candidate's Voter Registration	on #: 6. Email Address:
(954) 3265709 (not required for qualifying purposes)	chefted 560 msn.com
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:
DIST. H CHICO MMISSIMO 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. ☐ No Party Affiliation Candidate. ☐	Party candidate.
10. I have appointed the following person to act as my:	Çampaign Treasurer
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
JACKENT BOT	954,326-5709 chefted 56 @msn.com
14. Mailing Address: 15. City:	
901 SW19ThSt. F9.1	and F19, 33315
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository	
19. Name of Bank:	20. Address:
Certannial Dank	nty: 23. State: 24. Zip Code:
21. City: 22. Cour	23. State: 24. Zip Code:
LINDER DENALTIES OF DEPUILIEY LIDECLARE THAT I HAVE BEA	D THE EOPEGING FORM FOR THE APPOINTMENT OF THE
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.	
	26. Signature of Candidate:
25. Date: 6(13/24	X Don Morra
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)	
(Please Print or Type Name)	do hereby accept the appointment designated above as:
⊠Campaign Treasurer.	☐ Deputy Treasurer.
1 / 1	29. Signature of Campaign Treasurer of Deputy Treasurer
28. Date: 613(24	x Demoerra
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.