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.

SUPERVISOR OF ELECTIONS 6495 CAROLINE ST., STE. F MILTON, FL 32570-4592

2014 MAR 17 PM 4 05

officer before opening the	e campa	ign account.						OFFIC	E USE	ONLY	
1. CHECK APPROPRIATE Initial Filing of Form	•	S): -filing to Change:		easurer	/Deputy	Deposito	ory 🔲	Office		Party	
2. Name of Candidate (in t	his orde	r: First, Middle, L	ast)		ddress (includ	de post offic	ce box or s	street, city,	state,	zip	
Fuchsia Ann Parris Spann				i	code) _6596 Liberty St						
4. Telephone	5. E-mail address				Navarre, FL 32566						
(850) 261-3997	fpspan	n@yahoo.com	า		·						
6. Office sought (include district, circuit, group number)					7. If a cand	didate for a	a <u>nonpart</u>	isan office	, chec	k if	
Santa Rosa County School Board District 3					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											
10. Name of Treasurer or D	eputy T	easurer						·			
Mac Spann								•			
11. Mailing Address						•••	12. Telej	ohone			
6596 Liberty St							(850)	939-93	93		
13. City	City 14. County			te 16	16. Zip Code 17. E-mail address						
Navarre	Sant	a Rosa	FL	32	2566 macspann@bellsouth.net						
18. I have designated the following bank as my				Primary Depository Secondary Depository							
19. Name of Bank				20. Add	20. Address						
				8234 Navarre Pkwy							
21. City		22. County			23. State			24. Zip C	ode		
Navarre		Santa Rosa			FL.	- · · · · · · · · · · · · · · · · · · ·		32566			
	RY, I DECI	ARE THAT I HAVE I OF CAMPAIGN DEF	READ THE POSITORY	FOREGO	DING FORM FO AT THE FACTS :	R APPOINTN STATED IN IT	IENT OF CA	MRAIGN TRI	EASURE	R AND	
				26. Sigr	26. Signature of Candidate						
3-17-2	014			χÇ	Lucks	ie I	Dan				
27. Treasure	r's Acce	eptance of Appo	intment	(fill in the	e blanks and	check the	a ppr opriat	e block)			
ı, Mac Spann						do her	eby accep	t the annoi	intmont	,	
	(Pleas	e Print or Type N	lame)			,	, 4000p	ano appo		•	
designated above as: Campaign Treasurer Deputy Treasurer.											
3/17/14			X	Ma	- Jai						
´ Date				Sianatur	e of Campaid	ın Treasure	er or Depur	v Treasur			

DS-DE 9 (Rev. 10/10)

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2014 MM 17 PM 4 05

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1. CHECK APPROPRIATE Initial Filing of Form	Re	e-filing to Change		Treas	surer/l	Deputy [Deposito	ory [] Office		Party
Name of Candidate (in this order: First, Middle, Last) Fuchsia Ann Parris Spann				Address (include post office box or street, city, state, zip code) 6506 Liborty St.							
4. Telephone	. Telephone 5. E-mail address				6596 Liberty St Navarre, FL 32566						
(850) 261-3997	fpspann@yahoo.com						2000				
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
Santa Rosa County School Board District 3					applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a part	<u>isan</u> off	iice, check bloci	k and fil	ll in n	name	of party as	applicable	: My in	tent is to ru	ın as a	
	Party Aff							•		didate.	
9. I have appointed the fo			s my		Can	npaign Trea	surer 🔀	Depu	ity Treasur	er	
10. Name of Treasurer or D		reasurer									
Fuchsia Ann Parris Spa	inn				. <u>.</u>						
11. Mailing Address					12. Telephone						
6596 Liberty St								(850) 939-93	93	
13. City 14. County 15. Sta				ate	ate 16. Zip Code 17. E-mail address						
Navarre	Sant	a Rosa	FL,		32566 macspann@bellsouth.net						
18. I have designated the	followin	ıg bank as my	[2	X F	Prima	ry Depositor	ry 🔲	Seconda	ary Deposit	ory	
19. Name of Bank				20.	20. Address						
Regions				8234 Navarre Pkwy							
21. City		22. County				23. State			24. Zip C	ode	
Navarre		Santa Rosa				FL			32566		
UNDER PENALTIES OF PERJUR DESIG	Y, I DECL SNATION	LARE THAT I HAVE I OF CAMPAIGN DEP	READ THI	E FOR	REGOII	NG FORM FOI THE FACTS S	R APPOINTME	ENT OF CA	MPAIGN TR	EASURE	R AND
25. Date /				26.	26. Signature of Candidate						
				X							
27. Treasure	r's Acce	eptance of Appo	intment	t (fill in	n the	blanks and	check the	ppropriat	te block)		-
		ia Ann Parris S					\sim				
		se Print or Type N	*				, uo nere	by accep	ot the appoi	ntment	
designated above as:		Campaign Tr	reasurei	г	<u>N</u> _	Deputy Trea	asurey.			,	
3-17-0 Date	014		<u>X</u>	(6) of u	che di		p			
Date DS-DE 9 (Poy. 40/40)				Signa	ature	of Campaig	n Treasurer	or Depu	ty Treasure	er e	
ne ne a (pour doido)											