## 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.

TOWN OF JUNO BEACH RECEIVED

NOV 13 2025

TIME: 3:09pm cor

OFFICE USE ONLY

opening the campaign account.	OT TICL GOL ONET
1. CHECK APPROPRIATE BOX(ES):	
☑ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party	
2. 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):
	Jeno beach, KL 33408
maxuell moore Fraser	Two beach, KL 33408
	,
4. Telephone: 5. Candidate's Voter Registra	i i
(50) 357-7416 (not required for qualifying purpo	ses) max, trasco o small com
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box
town (ounci) Seat #3	if 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. ☐ No Party Affiliation 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:
Maxwell Fraser	1561 1351 7416 max, Frascregnale
14. Mailing Address:   15. Ci	ty: 16. State: 17. Zip Code:
500 S Lyra Circle Ju	10 Beach   Floo   33408
18. I have designated the following bank as my (check appropriate box): Trimary Depository  Secondary Depository	
19. Name of Bank:	20. Address:
21. City: 1590 1590 122. Co	11710 US HW   punty:   23. State:   24. Zip Code:
	In Beach Fr 33408
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE R	EAD THE FOREGOING FORM FOR THE APPOINTMENT OF THE
CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIG	N DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.  26. Signature of Candidate:
25. Date: 10-31-2025	X M
	. , ,
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)	
I, Max well Frank (Please Print or Type Name)	do hereby accept the appointment designated above as:
	☐ Deputy Treasurer.
	29. Signature of Campaign Treasurer or Deputy Treasurer
28. Date: 1/-13-75	X MZ
DS-DE 9 (Rev. 09/23)	Rule 1S-2.0001, F.A.C.