## 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

RECD SOE APR 5 724 pm: 202

opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
☑ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasu	rer/Deputy 🔲 Depository 🔲 Office 🔲 Party
2. Name of Candidate (in this order: First, Middle, Last):	3. Address (include PO Box or Street, City, State, Zip Code):
(Please Print or Type Name)	8005 Hampton Glen Drive
Cynthia Fuentes	Tampa, A. 33647
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4. Telephone: 5. Candidate's Voter Registra	cindyfuentes & g & gmail. com
(914) $426-2498$ (not required for qualifying purpose	Ses) Cindytoenits by C 3" ""
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box
County Commission District #6	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. ☐	■ Democratic 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:
Cynthia Fuentes	1914 1426-2498 Cindyfrentes & @ @ gmail.
14. Mailing Address: 15. Cit	y:   16. State:   17. Zip Code:
THE STATE OF THE S	mpa H 33647
18. I have designated the following bank as my (check appropriate box): 🔀 Primary Depository 🗌 Secondary Depository	
19. Name of Bank: Bank of America	20. Address: 1900 BYUCE B. Downs Blud F1 33647 punty: 23. State: 24. Zip Code:
21. City: 22. Co	unty: 23. State: 24. Zip Code:
1 ampa Hills	borough +1 33647
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: 4/5/24	X Esuendo
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)	
C. Alas Farentsc	
I, (Please Print or Type Name)	do hereby accept the appointment designated above as:
Campaign Treasurer.	☐ Deputy Treasurer.
20 Detail	29. Signature of Campaign Treasurer of Deputy Treasurer
28. Date: 4/5/24	X (Busile
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.