## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OSC SOE JAN14'1914:38

NOTE: This form must be on file with the qualifying officer before opening the campaign account.						OFFICE	USE	ONLY	
1. CHECK APPROPRIATE BOX(ES	3):								
Initial Filing of Form Re	-filing to Change: T	reasurer/l	Deputy [	<b>]</b> Depository		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zip code)									
Richard Max OFHLER			1212 Summer 5+						
4. Telephone 5. E-mail address			Kissimmee, FL 34741						
(407) 5084851 rmoehter@gmail.com									
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if applicable:						
Kissimmee Seat 1			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 Campaign Treasurer Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer									
Regina Byrd  11. Mailing Address  12. Telephone									
3402 Hawkin Dr &			(407)7092109						
3402 Hawkin 1 13. City 14. C L'ssimmee Os	county 15. Sta		Zip Code 4741	17. E-mail ad	ldress		,		
18. I have designated the following bank as my  Primary Depository  Secondary Depository									
19. Name of Bank 20. Address									
Centerstate Ba 21. City Kissimmee	349	23. State  Floor	k 57						
21. City	22. County		23. State	/	2	24. Zip Co			
Kissimmee	Osceola		710.	rida		347	41		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.									
25. Date 26. Signature of Candidate									
1/14/19 X Lift									
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
1, Gina Burd			, do hereby accept the appointment						
(Please Print or Type Name)									
designated above as: Campaign Treasurer Deputy Treasurer.									
1/14/19 X Regime Colle By									
Date Signature of Campaign Treasurer or Deputy Treasurer									