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

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

OSC SOE FEB6'199:54

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

| officer before opening the campaign account. | | | | | | OFFICE USE ONLY | | | | | | |
|--|-------------------------|---|--|-----|---------------------------------|---|------------------------------|--------------|-------|--|--|--|
| 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party | | | | | | | | | | | | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | | | | 3. Address (include post office box or street, city, state, zip | | | | | | |
| Mike Fisher | | | | | | code) 1830 Harbor Blvd Kissimmee, Forida 34744 | | | | | | |
| 4. Telephone | 5. E-mail address | | | | | | | | | | | |
| (407) 709-3597 | mike@fisher4sheriff.com | | | | | | | | | | | |
| 6. Office sought (include district, circuit, group number) | | | | | | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | | | |
| Sheriff Of Osceola County | | | | | | 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 ☐ Democrat Party candidate. | | | | | | | | | | | | |
| 9. I have appointed the following person to act as my | | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer | | | | | | | | | | | | |
| Stacie Black | | | | | | | | | | | | |
| 11. Mailing Address | | | | | | 12. Telephone | | | | | | |
| 2500 Bronco Drive | | | | | | (407) 908-0425 | | | | | | |
| 13. City | 14. County 15. S | | | ate | 16. Zip Code 17. E-mail address | | | | | | | |
| St. Cloud | t. Cloud Osceola FL | | | | | 71 | treasurer@fisher4sheriff.com | | | | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | | | | | | | |
| | | | | | 0. Address | | | | | | | |
| CenterState Bank 4 | | | | | | 898 E Irlo Bronson Memorial Hwy | | | | | | |
| 21. City | 22. County | • | | | 23. State | | | 24. Zip Code | | | | |
| St. Cloud | loud Osceola | | | | FL | | | | 34771 | | | |
| 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 | | | | | | | | | | | | |
| 02/06/2019 | | | | | | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | | |
| Stacie Black , do hereby accept the appointment | | | | | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer. | | | | | | | | | | | | |
| 02/06/2019 X Saco Decec | | | | | | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | | | | |