

**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.

OFFICE USE ONLY

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) <u>ERICK PUMA</u>		3. Address (include post office box or street, city, state, zip code) <u>4001 SANTA MARIA Dr. Bldg 45 Apt. 107 Kissimmee, FL 34741</u>
4. Telephone <u>(407) 353 8956</u>	5. E-mail address <u>electerickpuma2020@gmail.com</u>	

6. Office sought (include district, circuit, group number) <u>City of Kissimmee Seat 5; Commissioner</u>	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.
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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
ERICK PUMA

11. Mailing Address <u>4001 SANTA MARIA Dr.</u>	12. Telephone <u>(407) 353 8956</u>
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13. City <u>Kissimmee</u>	14. County <u>Osceola</u>	15. State <u>FL</u>	16. Zip Code <u>34741</u>	17. E-mail address <u>electerickpuma2020@gmail.com</u>
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18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank <u>ID BANK</u>	20. Address <u>120 S. JOHN YOUNG PKWY</u>
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21. City <u>Kissimmee</u>	22. County <u>Osceola</u>	23. State <u>FL</u>	24. Zip Code <u>34742</u>
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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 <u>2/25/2020</u>	26. Signature of Candidate X <u>[Signature]</u>
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27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
 I, ERICK PUMA, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
2-25-2020 **X** [Signature]
 Date Signature of Campaign Treasurer or Deputy Treasurer