

### 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)

*Orlando Gonzalez*

3. Address (include post office box or street, city, state, zip code)

*1172 AnneElisa Cn  
ST. CLOUD, FL 34772*

4. Telephone

*(321) 402-7533*

5. E-mail address

*electorlando@gmail.com*

6. Office sought (include district, circuit, group number)

*Osceola County Tax Collector*

7. If a candidate for a nonpartisan office, check if 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  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

*Orlando Gonzalez*

11. Mailing Address

*1172 AnneElisa Cn.*

12. Telephone

*(321) 402-7533*

13. City

*St. Cloud*

14. County

*Osceola*

15. State

*FL*

16. Zip Code

*34772*

17. E-mail address

*electorlando@gmail.com*

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank

*CFE Federal Credit Union*

20. Address

*3335 13th st.*

21. City

*ST CLOUD*

22. County

*Osceola*

23. State

*FL.*

24. Zip Code

*34769*

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

*4/11/2019*

26. Signature of Candidate

*X Orlando Gonzalez*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, *Orlando Gonzalez*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer

*4/11/2019*  
Date

*X Orlando Gonzalez*  
Signature of Campaign Treasurer or Deputy Treasurer