

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

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

(PLEASE PRINT OR TYPE)

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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)

CARLOS ALVAREZ III

**4. Telephone**

(407) 361-9333

**5. E-mail address**

varezz3rd@cloud.com

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

712 W COLUMBIA AVE  
KISSIMMEE, FL  
34741

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

CITY COMMISSION SEAT #3  
KISSIMMEE

**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 ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

LIZBETH CRUZ

**11. Mailing Address**

710 W COLUMBIA AVE

**12. Telephone**

(407) 675-9616

**13. City**

Kissimmee

**14. County**

Osceola

**15. State**

FL

**16. Zip Code**

34741

**17. E-mail address**

LIZBETHCRUZ43@gmail

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

**19. Name of Bank**

Center State

**20. Address**

349 OAK ST

**21. City**

Kissimmee

**22. County**

Osceola

**23. State**

FL

**24. Zip Code**

34741

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**

5/1/19

**26. Signature of Candidate**

X C [Signature]

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

I, Lizbeth Cruz Lopez, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

05/01/19

Date

X [Signature]  
Signature of Campaign Treasurer or Deputy Treasurer