APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)			OSC SOE MAY29'1916:10					
(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] Depositor	-	Office	Party
2. Name of Candidate (in this order: First, Middle, Last)			 Address (include post office box or street, city, state, zip code) 216 Old Mill Circle Kissimmee, Fl. 34746 - 6060 					
John Cortes								
4. Telephone	5. E-mail address							
(407) 227-4737	jcortes325@gmail.co	om						
6. Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if					
Osceola Clerk Of Court				applical		to run co	a Mirita In (andidata
			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 Democratic Party candidate.								
9. I have appointed the following person to act as my 🛛 Campaign Treasurer 🔲 Deputy Treasurer								
10. Name of Treasurer or Deputy Treasurer								
Leah Carius								
11. Mailing Address			12. Telephone (407)460-0724					
1049 Nash Dr 13. City 14. County 15. Sta								
Celebration	Osceola	FI	34747 triplet 4 us @ col. com					
18. I have designated the following bank as my Image: Construction of the following bank as my Image: Construction of the following bank as my								
19. Name of Bank BANK BANK 20. Address 1115 N JOHN YOUN BEWY							7	
21. City Kiss- 22. County Osceolg				23. State	FL	1	24. Zip Coo 347 4	e //- 5
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 5/29/19			26. Signature of Candidate X					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)								
I, Leah Car, us (Please Print or Type Name), do hereby accept the appointment								
designated above as: Campaign Treasurer Deputy Treasurer.								
5/29/19 Date Signature of Campaign Treasurer or Deputy Treasurer								
- Date			Signature	o o oampai	Si incusure	. or Doput	, nousurer	

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.