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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

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) UTS	3. Address (include post office box or street, city, state, zip code) P.O. BOX 701927 ST. CLOUD, PL 34770
6. Office sought (include district, circuit, group number) SUPERVISOR OF ELECTION	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
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 ☑ □ □ EMOCRAT Party candidate.	
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer LUIS T. PUEG	
11. Mailing Address	12. Telephone
P.O. Box 701927 (321)624-6422	
13. City	State 16. Zip Code 17. E-mail address 134770 /puig@cfl. pr. com
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
SUNTRUST	4290 13 TH STREET
21. City 22. County	23. State 24. Zip Code
ST. CLOUD OSCEOLA	+ FL 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	26. Signature of Candidate
10/2/19	X Tuyles
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I,, do hereby accept the appointment (Please Print or Type Name)	
designated above as: Deputy Treasurer Deputy Treasurer.	
10/2/19 X	and the second
/ Date /	Signature of Campaign Teasurer or Deputy Treasurer