OSC SOE FEB20'2016:47

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.

officer before opening the campaign account.								OFFICI	E USE	ONLY	
1. CHECK APPROPRIATE		•									
		-filing to Change:			/Deputy	Deposito		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip code) P.O. Box 45-3283 Kissimmee, FL. 34744						
Kerly Santos											
4. Telephone		ail address			13331111100, I L. 34/44						
(407) 735-6139	2020santosk@gmail.com										
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
School Board Member District #2					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											
10. Name of Treasurer or Deputy Treasurer Kerly Santos											
11. Mailing Address					12. Telephone						
P.O. Box 45-3283							(407	735-613	39		
13. City	14. 0	15. Sta		6. Zip Code							
					L 34744						
18. I have designated the	mary Depository Secondary Depository										
19. Name of Bank					20. Address						
Suntrust 21. City 22. County				3109 \	V. Vine St			To. 7: 0			
Kissimmee					23. State FL			24. Zip Code 34741			
UNDER PENALTIES OF PER III	RY I DEC		DEAD THE	EODEG		P ADDOINTM	ENT OF CA		- AGUIDI		
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.											
					26. Signature of Candidate						
02-20-2020					X X Damy D						
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: Campaign Treasurer Deputy Treasurer.											
02-20-2020 X Lauto -											
Date				Signature of Campaign Treasurer or Deputy Treasurer							