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

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

(PLEASE PRINT OR TYPE)

OSC SOE APR9'2016:51

	USE ONLY	
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office	☐ Party	
Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city,		
KELVINSOTO code) 20 S ROSE AVE	stato, Esp	
4. Telephone 5. E-mail address SUITE 6		
(407) 992-9252 KELVIN@ SOTOMACK.COM KISSIMMEE,FL 34741		
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if		
CLERK OF CIRCUIT COURT, OSCEOLA COUNTY 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 ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer		
10. Name of Treasurer or Deputy Treasurer KELVIN SOTO		
11. Mailing Address 12. Telephone		
20 S ROSEAVE, SUITE 6 (407) 992-9252		
13. City 14. County 15. State 16. Zip Code 17. E-mail address		
KISSIMMEE OSCEOLA FL 34741 KELVIN@SOTOMACK.C	MC	
18. I have designated the following bank as my		
19. Name of Bank 20. Address		
WELLSFARGOBANK 3201 W. VINE ST		
21. City 22. County 23. State 24. Zip County KISSIMMEE OSCEOLA FL 34741	ode	
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 X		
09/09/2020 X WILL		
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.		
Date X Signature of Campaign Treasurer or Deputy Treasurer		