APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

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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:		reasur	er/Deputy		Depositor	ry 🔲	Office		Party	
2. Name of Candidate (in this of	order: First, Middle, La	ast)	3.	Address (i	nclud	de post offic	e box or	street, city,	state,	zip	
Teresa "Terry"	U361 OSceda Trail Road 4305										
	-mail address		V:55:mm/s FL 34746								
(407-) 701-4434 teresacastillo 2003 @gmillion											
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if								k if			
^		applicable:									
Osceola County School Board, District 1 My intent is to run as a Write-In candidate								idate.			
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a											
Write-In No Party AffiliationParty candidate.											
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer											
Teresa "Tery" Castillo											
11. Mailing Address 12. Telephone											
13. City 14. County 15. State				(401) 701-4434							
13. City 1	4. County				5. Zip Code 17. E-mail address						
Vissimme (mee Osceda FL			34746 teresacastillo2003@gmail.com							
18. I have designated the following bank as my Primary Depository Secondary Depository											
19. Name of Bank			20. Address								
Center State Bank			349 West Oak Street								
21. City	22. County			23. S				24. Zip C			
Xissimmee	osceola			FL	-			3474			
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. S	ignature of	Can	didate					
2-19-204			X	1							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
, do hereby accept the appointment											
(Please Print or Type Name)											
designated above as:											
0 1//		X			- (
Date Signature of Campaign Treasurer or Deputy Treasurer											
Rule 1S-2.0001, F.A.C.											