APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

0SC S0E SEP1'218:39

| NOTE: This form must officer before opening th | | OFFICE USE ONLY | | | | | | | | | | | | |
|--|----------------------------|---|--------|-----------------|--|-------------|---------------------|--|-----|-----------------------|---------|------|--|--|
| 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party | | | | | | | | | | | | | | |
| 2. Name of Candidate (in this order: First, Middle, Last) Heather Kahoun | | | | | Address (include post office box or street, city, state, zip code) Westchester Drive | | | | | | | | | |
| 4. Telephone (407) 346-3310 | 346-3310 kahounh@gmail.com | | | | | | Kissimmee, FL 34744 | | | | | | | |
| 6. Office sought (include of School Board - District | | 7. If a candidate for a <u>nonpartisan</u> office, check if 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 Affi | iliation | | | | | | | Par | ty can | didate. | 1118 | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer Heather Kahoun | | | | | | | | | | | | | | |
| 11. Mailing Address 11 Westchester Drive | | | | | 12. Telephone (407) 346-3310 | | | | | | | | | |
| 13. City Kissimmee | 14. County Osceola | | 15. St | ate | 16. Zip Code 17. E-mail addres kahounh@gma | | | | | | | | | |
| 18. I have designated the | X P | Primary Depository Secondary Depository | | | | | | | | | | | | |
| 19. Name of Bank Addition Financial | | | | | 20. Address 1000 Primera Blvd. | | | | | | | | | |
| 21. City 22. County Seminole | | | | 23. State FL | | | | | | 24. Zip Code 32746 | | | | |
| 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 9-1.2021 | | | | | 26. Signature of Candidate X | | | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | | | | |
| I, Heather Kahoun , do hereby accept the appointment | | | | | | | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | | | | |
| designated above as: | 1 | Campaign T | X | r 117 | | Deputy Trea | asurer. | | | | | | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | | | | | | |