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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
1. CHECK APPROPRIATE BOX(ES):	
	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
4. Telephone 5. E-mail address	code) 612 Lakeshore Blvd.
4. Telephone 5. E-mail address	Kussmmer, FC 34744
(407) 922-2000 cherge to state	ADSMMEE, 12 3.
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
A	applicable:
OSCEDLA COUNTS COMMISSIONER, DISTRICT	
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 Affiliation	DEMOCIAT Party candidate.
9. I have appointed the following person to act as my	
10. Name of Treasurer or Deputy Treasurer	
Cheryl Grieb	
11. Mailing Address	12. Telephone
13. City 14. County 15. Sta Kissimmer Osceole	()
13. City 14. County 15. Sta	
	34744 Cheryl Gorosceola Cogmail. um
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
SOUTH STATE BAHR	349 W OAR STREET
21. City 22. County	23. State 24. Zip Code
KISSIMMER USCHOLA	1 12 34741
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
9/9/2021	X
27. Treasurer's Acceptance of Appointment	(fill in the blanks and check the appropriate block)
(Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer	Deputy Treasurer.
= $9/9/21$ X	HIM
	Signature of Campaign Treasurer or Deputy Treasurer