

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

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

(PLEASE PRINT OR TYPE)

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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:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Tom Touzin

**3. Address** (include post office box or street, city, state, zip code)

1104 Rosemary way  
Celebration FL 34747

**4. Telephone**

(407) 489-7234

**5. E-mail address**

tom.touzin@icloud.com

**6. Office sought** (include district, circuit, group number)

Celebration Community Development District  
Seat 4

**7. If a candidate for a nonpartisan 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 Affiliation~~     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Tom Touzin

**11. Mailing Address**

1104 Rosemary way

**12. Telephone**

(407) 489-7234

**13. City**

Celebration

**14. County**

Osceola

**15. State**

FL

**16. Zip Code**

34747

**17. E-mail address**

tom.touzin@icloud.com

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**

Bank of America

**20. Address**

700 Celebration Ave. Ste 100

**21. City**

Celebration

**22. County**

Osceola

**23. State**

FL

**24. Zip Code**

34747

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**

6-3-2022

**26. Signature of Candidate**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Tom Touzin, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

6-3-2022

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer