

**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)

Michelle Lynn Bowden

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

4429 Bluff Oak Loop  
Kissimmee, FL 34746

**4. Telephone**

(978) 476-1687

**5. E-mail address**

Michelle.Bowden@hotmail.com

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

Overoaks CDD Seat 3

**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**

Michelle Bowden

**11. Mailing Address**

4429 Bluff Oak Loop

**12. Telephone**

( )

**13. City**

Kissimmee

**14. County**

Osceola

**15. State**

FL

**16. Zip Code**

34746

**17. E-mail address**

Michelle.Bowden@hotmail.com

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

**19. Name of Bank**

Bank of America

**20. Address**

3305 S. Orange Blossom Trail

**21. City**

Kissimmee

**22. County**

Osceola

**23. State**

FL

**24. Zip Code**

34746

**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**

9/14/22

**26. Signature of Candidate**

X Michelle Bowden

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

I, Michelle Bowden, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

9/14/22

Date

X Michelle Bowden

Signature of Campaign Treasurer or Deputy Treasurer