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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):					
2. Name of Candidate (in this order: First, Middle, Last)       3. Address (include post office box or street, city, state, zip					
Felix Ortiz	code) 2049 Shannon Lakes Blvd.				
4. Telephone 5. E-mail address	Kissimmer, Fl. 34743				
(321) 203-8541 Sisterspeakersy chotmail.com					
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if				
City of Kissimmee commission Seat 5	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 X Campaign Treasurer Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer					
11. Mailing Address	12. Telephone				
2049 Shannon Lakes Blvd	(321)203-8541				
13. City KISSIMPLE OSCEOW FI 34743 Sisters see Kershow on the 1.					
18. I have designated the following bank as my					
19. Name of Bank Suth StaffBank	20. Address 249 W. Oak Street				
21. City Kissimmel Oscella	23. State 24. Zip Code 347				
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				
3-24-2023	X Felixon				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I,, do hereby accept the appointment (Please Print or Type Name)					
designated above as: Campaign Treasurer Deputy Treasurer.					
3-24-2023 × July Ot					
Date Signature of Campaign Treasurer or Deputy Treasurer					

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