OSC SOE APR21'23PM 3:16

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): Initial Filing of Form Re-filing to Change: T	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last) NOT OTT 4. Telephone (31) 176-0990 NCIOTIZPA@9Mail.	3. Address (include post office box or street, city, state, zip code) P. D. BOX 452131 Com KIVIMM CP, FL 34745
6. Office sought (include district, circuit, group number) KIVVIMME (ITY (IMMINIS) VEAT I	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	
P.D. BOX 452131 KINVIMM C, FL	
13. City 14. County 15. Sta KISSIMMER OSCIOIO FL	ate 16. Zip Code 17. E-mail address 34745 NOCIONTIZ POQUE OM CII. COM
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	20. Address 625 N (Intral Avt
21. City 22. County 01(1) 19	23. State 24. Zip Code 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 04/21/2019	26. Signature of Candidate X COO COO
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, NOT OF 17 (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
4/21/23 X Date	Signature of Campaign Treasurer or Deputy Treasurer