APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	OSC SOE MAY 5'23AM11:16
(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:	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 code)
NOEL OFTIZ	P.D. BOX 452131
4. Telephone (321)276-0990 EIEUTIZ@gmail. KINIMMEE, FL 34745	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
KINVIMMER City commission seat	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	
11. Mailing Address P.D. BDX 452131 KINNMMPC, F	L 34745 (321) 276-0990
13. City KINIMMPE DICEDIA FL	ate 16. Zip Code 17. E-mail address 34745 (IPCTN) (IDTTZ@GMQII.COM
18. I have designated the following bank as my	
19. Name of Bank Duth Hatt Bank	20. Address 349 WHA DAK GAPPET
21. City KINIMMEL 22. County UNEDIA	23. State 24. Zip Code FL 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 05/05/2023	26. Signature of Candidate
27. <b>Treasurer's Acceptance of Appointment</b> (fill in the blanks and check the appropriate block) NOTIONIZ	
(Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
15/05/1013 × elcer deg	
Date Signature of Campaign Treasurer or Deputy Treasurer	
Bule 1S-2 0001, F.A.C.	