| APPOINTMENT OF CAMPAIGN TREASURER<br>AND DESIGNATION OF CAMPAIGN<br>DEPOSITORY FOR CANDIDATES<br>(Section 106.021(1), F.S.)   | OSC SOE JUL31'23PM 1:31   |  |  |
|---|---|--|--|
| (PLEASE PRINT OR TYPE)  |   |  |  |
| NOTE: This form must be on file with the qualifying officer before opening the campaign account.  | lifying 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)<br>Amaryllis Rivera<br>4. Telephone<br>(407)288-701 amaryllis rivera. Sogma<br>6. Office sought (include district, circuit, group number) | 3. Address (include post office box or street, city, state, zip<br>code)<br>3915 La Keview Acres Rd<br>3916 La Keview Acres Rd<br>39172<br>39172<br>39172<br>39172<br>39172 |  |  |
| Sheriff, Osceola County 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 A Democratic Party candidate.   |   |  |  |
| 9. I have appointed the following person to act as my 🛛 Campaign Treasurer 🔲 Deputy Treasurer   |   |  |  |
| 10. Name of Treasurer or Deputy Treasurer<br>Amanyllis Rivera   |   |  |  |
| 11. Mailing Address)<br>3915 Lakeview Acres R   | 12. Telephone<br>(407) 238-7071   |  |  |
| 13. City 14. County 15. Sta<br>Saint Cloud Osceolg FI   |   |  |  |
| 18. I have designated the following bank as my  | Y Primary Depository  |  |  |
| 19. Name of Bank<br>Chase   | 20. Address<br>4355 13th Street   |  |  |
| 21. City 22. County   | 23. State 24. Zip Code  |  |  |
| Saint Cloud Osceola   | Florida 34769   |  |  |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND<br>DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. |   |  |  |
| 25. Date  | 26. Signature of Candidate  |  |  |
| 07-31-2023 × Quar//12   |   |  |  |
| 27. <b>Treasurer's Acceptance of Appointment</b> (fill in the blanks and check the appropriate block)   |   |  |  |
| I, Amanyllis Rivera, , do hereby accept the appointment<br>(Please Print or Type Name)  |   |  |  |
| designated above as: Campaign Treasurer Deputy Treasurer.   |   |  |  |
| 07-31-2023 X  | Signature of Campaign Treasurer or Deputy Treasurer   |  |  |

| DS-DE 9 | (Rev. | 10/10) |
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Rule 1S-2.0001, F.A.C.