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

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officer before opening the campaign account.									OFFICI	E USE	ONLY	
1. CHECK APPROPRIATE BOX(ES):												
Initial Filing of Form	Re-filing to			Freasi	urer/De	eputy 🔀	Deposito	ory 🔲	Office		Party	
2. Name of Candidate (in the		3. Address (include post office box or street, city, state, zip										
Eric Montgomery					code) 4131 Bella Isle Circle							
4. Telephone	elephone 5. E-mail address				kissimmee, FL							
(314) 898-3721	eric@sfaoo.d		34746									
6. Office sought (include dis		7. If a candidate for a <u>nonpartisan</u> office, check if										
Osceola County Commissioner District 3						applicable:						
My intent is to run as a Write-In candidate									date.			
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 Libertarian Party of Florida Party candidate.												
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer												
Eric Montgomery												
11. Mailing Address		12. Telephone										
4131 Bella Isle Circle					(314) 8983721							
13. City	14. County		15. Sta	ate	1	6. Zip Code 17. E-mail address						
Kissimmee	Osceola		FL		3474	ericgmonty@yahoo.com						
18. I have designated the following bank as my												
19. Name of Bank		20. Address										
					3801 Pleasant Hill Road							
21. City	22. County				1	23. State			24. Zip Code			
Kissimmee	ssimmee Osceola				F	FL			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 26. Signature of Candidate												
09/10/2023					X En G Olo Leoner							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
1, , do hereby accept the appointment												
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
09/10/2023 X G. G. C. S. D. C. C.												
Date	Signa	Signature of Campaign Treasurer or Deputy Treasurer										