## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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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: 🔲	Treasurer/Deputy
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Adam, W. Wagner	code) 922 Delaware Ave.
4. Telephone 5. E-mail address	St. Cloud, FL 34749
(407)922-7002 adam. Wagner 79@mail.	com
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
City of St. Cloud Mayor, Seat 1	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. <b>I have appointed the following person to act as my</b> 🔀 Campaign Treasurer [] Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
Elizabeth Wagner	
11. Mailing Address	12. Telephone
922 Delaware Ave.	(407)744-4744
13. City 14. County 15. S St. Cloud 050eola FL	
	Primary Depository Secondary Depository
19. Name of Bank	20. Address
Truist	4935 E. ITO Bronson Mem Hwy
21. City 22. County	23. State 24. Zip Code
St. Cloud Osceola	FL 34771
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
10/5/23	X a
Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Elizabeth Wagner (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
10/5/23 X Elishert Wague	
Date	Signature of Campaign Treasurer or Deputy Treasurer