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## 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: ☐ Tr	reasurer/Deputy
2. Name of Candidate (in this order: First, Middle, Last) 4. Telephone 5. E-mail address	3. Address (include post office box or street, city, state, zip code)  1414 Louisiana Ae St. Claud, FL 34769
(407) 738-1019 pauljenniter 25@yohoo. com	
6. Office sought (include district, circuit, group number)  St. Cloud City Council Member Seat 2	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:  My intent is to run as a Write-In candidate.
8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> 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 Turnisha Akins	
11. Mailing Address	12. Telephone
3571 Clay Brick Rd	(407) 802 9823
13. City 14. County 15. Sta Harmony OScola Fl	
18. I have designated the following bank as my  Primary Depository  Secondary Depository	
19. Name of Bank	20. Address 2819 13th Street
21. City 22. County	23. State 24. Zip Code
St. Cloud Osceola	Florida 34769
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
11-1-2023	X Junt M
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, TerniSha AkinS (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer	r Deputy Treasurer.
November 1, 2023 X 2	Signature of Campaign Treasurer or Deputy Treasurer