## 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 filing officer before

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opening the campaigh account.					OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):					
		er/Deputy $\Box$ De	pository	☐ Offic	e 🗌 Party
2. Name of Candidate (in this order: First, Middle, Last):  (Please Print or Type Name)		3. Address (include PO Box or Street, City, State, Zip Code):			
Marcos R. Lopez		P.O.Box 700441 Saint Cloud, FL 34770			
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:					
(407 ) 222 2252	(not required for qualifying purposes) MLOPE69@YAHOO.COM				IOO.COM
7. Office Sought (include district, circuit, group, or seat #):  Osceola County Sheriff  8. If a candidate for a nonpartisan office, check the box if applicable:  I intend to run as a Write-In Candidate.					
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a					
☐ Write-In Candidate. ☐ No Party Affiliation Candi		Democrat			Party candidate.
10. I have appointed the following person to act as my:   Campaign Treasurer  Deputy Treasurer					
11. Name of Treasurer or Deputy Treasurer:		12. Telephone:		13. Email Address:	
Gustavo Torres Decos		(407 ) <sub>937-9640</sub> gtorres@cpatorres.com			
14. Mailing Address:	15. Cit	-	16. St	ate:	17. Zip Code:
109 N. Beaumont Ave.	Kissim	imee	FL		34741
18. I have designated the following bank as my (check appropriate box): Primary Depository  Secondary Depository					
19. Name of Bank: SouthState	20. Address: 349 West Oak Street				
21. City:	22. County:		23. St	ate:	24. Zip Code:
Kissimmee	Osceo		FL		34741
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.					
25. Date: ///2 /27	26. Signature of Candidate:				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)					
do hereby accept the appointment designated above as:  (Please Print or Type Name)					
☐ Campaign Treasurer	Deputy Treasurer.				
28. Date: 50m \2, 2024	29. Signature of Campaign Treasurer of Deputy Treasurer  X				
DS-DE 9 (Eff. 10/23)		/()	V	F	Rule 1S-2.001, F.A.C.