

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

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

(PLEASE PRINT OR TYPE)

JAN 5 '24 AM 11:52  
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NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form     Re-filing to Change:     Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

Wiley Black

**3. Address** (include PO Box or Street, City, State, Zip Code):

2500 Bronco DR  
ST. CLOUD, FL 34771

**4. Telephone:**

(407) 709-9326

**5. Candidate's Voter Registration #:**

106181244

(not required for qualifying purposes)

**6. Email Address:**

Wiley.Black4Sheriff@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

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 Candidate.     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:**

Stacie Black

**12. Telephone:**

(407) 908-0425

**13. Email Address:**

sblack.Treasurer@gmail.com

**14. Mailing Address:**

2500 Bronco Dr

**15. City:**

ST. CLOUD

**16. State:**

FL

**17. Zip Code:**

34771

**18. I have designated the following bank as my** (check appropriate box):     Primary Depository     Secondary Depository

**19. Name of Bank:**

South State Bank

**20. Address:**

4898 E. IS10 Bronson Memorial Hwy

**21. City:**

ST. CLOUD

**22. County:**

OSCEOLA

**23. State:**

FL

**24. Zip Code:**

34771

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:**

12-29-2023

**26. Signature of Candidate:**

X

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate box)

I, Stacie Black

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

12-29-2023

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X