APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)		OSC SDE MAR	19'24pm 2:23	
(PLEASE PRINT OR TYPE)				
NOTE: This form must be on file with the filing officer befo opening the campaign account.	e	OFFICE USE ONLY		
1. CHECK APPROPRIATE BOX(ES):				
X Initial Filing of Form Cherce Change: Treasurer/Deputy Depository Office Party				
2. Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) 3. Address (include PO Box or Street, City, State, Zip Code):				
FiorD'Aliza, A, Frias 2564 EGRET LOOP KISSIMMEE FL 34743				
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address: 122703109 FiordalizaFrias @ Yahoo.com				
(407) 973-1444 (not required for qualifying purposes)				
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:				
COUNTY COMMISSTONER DISTRICT 3 If applicable:				
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. INO Party Affiliation Candidate.				
10. I have appointed the following person to act as my: 🛛 Campaign Treasurer				
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:			
FIORDALIZZ A Frids (407)923-1444 FIORdalizdFrids@Xaho				
14. Mailing Address: 15.	City:	16. State:	17. Zip Code:	
2564 EGRETLOOP KI	SIMMEE	FL	34743	
18. I have designated the following bank as my (check appropriate box): 🖾 Primary Depository 🗌 Secondary Depository				
19. Name of Bank: 20. Address:				
CENTENNIAL BANK	625 NO	OTA CENT	ral Ave	
		23. State:		
11	DSCEDLA	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.				
26. Signature of Candidate:				
25. Date: 03/19/2024	XĂ			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)				
I, <u>FiorDIALIZE FFIES</u> do hereby accept the appointment designated above as: (Please Print or Type Name)				
🖄 Campaign Treasurer.	Deputy 7	Deputy Treasurer.		
28. Date: 03/19/2024 29. Signature of Campaign Treasurer of Deputy Treasurer				
0	X X	7		