

STATE OF FLORIDA  
APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES  
(Section 106.021(1), F.S.)

OFFICE USE ONLY 2006 JAN 13 AM 11:20

2006 JAN 13 AM 11:20

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment     Deputy Treasurer     Reappointment of Treasurer     Secondary Depository

Name of Candidate: **Betty Gelzer**  
1. Address (include post office box or street, city, state, zip code):  
**825 West Washington Street  
Orlando, FL 32805**

Telephone (optional): **(407) 425-1944**  
2. Party (Partisan candidates only):  
3. Office (add district, circuit or group number): **Orlando City Commissioner 5**

I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer:  
**Lawanna Gelzer**

5. Mailing Address (if post office box or drawer add street address):  
**7674 St. Stephens Court**  
6. Telephone:  
**(407) 253-9797**

7. City: **Orlando**    8. County: **Orange**    9. State: **Florida**    10. Zip Code: **32835**

I have designated the following named bank as my  Primary Depository     Secondary Depository

11. Name of Bank: **Wachovia**  
12. Street Address: **20 N. Orange Ave.**

13. City: **Orlando**    14. County: **Orange**    15. State: **FL**    16. Zip Code: **32801**

17. Signature of Candidate: **X Betty Gelzer**    Date: **1-12-06**

**Campaign Treasurer's Acceptance of Appointment**

I, Lawanna Gelzer, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer     Deputy Treasurer    for the campaign of Betty Gelzer

who is seeking nomination or election as a Non-Partisan candidate to the office of  
(Party)

Orlando City Commisisoner 5 . As a duly registered voter in Orange

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

1/12/06  
Date

**X** Lawanna Gelzer  
Signature of Campaign Treasurer or Deputy Treasurer

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Name of Candidate

Betty Gelzer

1. Address (Include post office box or street, city, state, zip code)

825 West Washington Street  
Orlando, FL 32805

Telephone (optional)

(407) 425-1944

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)

Orlando City Commissioner 5

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

Betty Gelzer

5. Mailing Address (If post office box or drawer add street address)

825 W. Washington Street

6. Telephone

(407) 425-1944

7. City

Orlando

8. County

Orange

9. State

Florida

10. Zip Code

32805

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Primary Depository

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11. Name of Bank

Wachovia

12. Street Address

20 N. Orange Ave.

13. City

Orlando

14. County

Orange

15. State

FL

16. Zip Code

32801

17. Signature of Candidate

X

Betty Gelzer

Date

1-12-06

Campaign Treasurer's Acceptance of Appointment

I, Betty Gelzer, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer

Deputy Treasurer

for the campaign of

Betty Gelzer

who is seeking nomination or election as a

Non-Partisan

candidate to the office of

(Party)

Orlando City Commissioner 5

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1-12-06

Date

X

Betty Gelzer

Signature of Campaign Treasurer or Deputy Treasurer