

**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.**

ORL CITY CLERK  
NOV 14 2016 PM 3:09

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)  
Cynthia Harris

**3. Address** (include post office box or street, city, state, zip code)  
P.O. Box 608837  
Orlando FL 32860

**4. Telephone**  
(407)502- 1732

**5. E-mail address**  
shajade@hotmail.com

**6. Office sought** (include district, circuit, group number)  
City Commissioner District 5

**7. If a candidate for a nonpartisan office, check if applicable:**  
 My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a  
 Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**  
Jennifer Somers

**11. Mailing Address**  
7175 Hiawasse Oak Dr

**12. Telephone**  
(    )

**13. City**  
Orlando

**14. County**  
Orange

**15. State**  
FL

**16. Zip Code**  
32818

**17. E-mail address**

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**  
Wells Fargo

**20. Address**  
3900 Silver Star Rd

**21. City**  
Orlando

**22. County**  
Orange

**23. State**  
Florida

**24. Zip Code**  
32808


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**  
11/14/2016

**26. Signature of Candidate**  
 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, Jennifer Somers , do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

  
Date 11/14/16

Signature of Campaign Treasurer or Deputy Treasurer