

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2020 JUN -8 P 12:36

**NOTE: This form must be on file with the qualifying 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)      3. Address (include post office box or street, city, state, zip code)  
 LUIS E ROJAS      4072 SHADY VIEW LN

4. Telephone      5. E-mail address  
 (305) 321 5555      PRIVATECIT@GOL.COM      TALLAHASSEE FL 32311

6. Office sought (include district, circuit, group number)      7. If a candidate for a nonpartisan office, check if applicable:  
 CAP. REG. (CD) SECT 4       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  
 LUIS ROJAS

11. Mailing Address      12. Telephone  
 4072 SHADY VIEW LN      (305) 321 5555

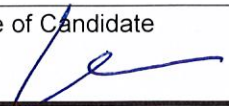
13. City      14. County      15. State      16. Zip Code      17. E-mail address  
 TALLAHASSEE      LEON      FL      32311      PRIVATECIT@GOL.COM

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


19. Name of Bank      20. Address  
 BANK OF AMERICA      APACHE PRKY

21. City      22. County      23. State      24. Zip Code  
 TALLAHASSEE      LEON      FL      32311

**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      26. Signature of Candidate  
 6-8-2020      X 

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

designated above as:  Campaign Treasurer     Deputy Treasurer.  
6-8-2020      X   
 Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

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I, Luis E Rojas,

candidate for the office of CAPITAL REGIONAL CDD JUDGE;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

6/8/2020

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).