

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

INDIAN RIVER COUNTY
SUPERVISOR OF ELECTIONS

2019 SEP 19 PM 2:15

(PLEASE PRINT OR TYPE)

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)

Stephew James Boyle JR

3. Address (include post office box or street, city, state, zip code)

285 Riverway Drive
Vero Beach FL 32963

4. Telephone

(772) 538 1303

5. E-mail address

Stephew@Boyledrake.com

6. Office sought (include district, circuit, group number)

County 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 Republican Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Clay Price CPA

11. Mailing Address

2147 10th Ave

12. Telephone

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13. City

Vero Beach

14. County

Indian River

15. State

FL

16. Zip Code

32960

17. E-mail address

Cprice@IRCCPA.com

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

19. Name of Bank

MARINE BANK & Trust Company

20. Address

571 Beechland Blvd

21. City

Vero Beach

22. County

Indian River

23. State

FL

24. Zip Code

32963

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

9/19/2019

26. Signature of Candidate

X

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

I, CHARLES CLAY PRICE, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

9-19-19 X
Date Signature of Campaign Treasurer or Deputy Treasurer