## 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.

INDIAN RIVER COUNTY SUPERVISOR OF ELECTIONS

2022 MAY 27 PM 2: 34

officer before opening the campaign account.	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):		
	reasurer/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	
Paul hee Westcott	Vero Beach, #74	
4. Telephone 5. E-mail address		
(772) 708-9153 paulovote paul westrott	-com	
6. Office sought (include district, circuit, group number), Indian River County Hospital Di3tri	7. If a candidate for a <u>nonpartisan</u> office, check if	
	applicable:  My intent is to run as a Write-In candidate.	
Seat 4	Land V	
8. If a candidate for a <u>partisan</u> office, check block and fil	Il 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		
11. Mailing Address	12. Telephone	
2160 58th Ave., #74	(772)708-9153	
11. Mailing Address  2160 58th Ave., #74  13. City Vero Beach  14. County  15. Significant File  16. County  17. County  18. County  19. Count		
18. I have designated the following bank as my	Primary Depository Secondary Depository	
19. Name of Bank Bank & Trust	20. Address 1450 U.S. Highway 1	
Vero Beach Indian Riv	ver Florida 24. Zip Code 32960	
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	
May 27, 2022	X	
	nt (fill in the blanks and check the appropriate block)	
1, Paul L. Westcott (Please Print or Type Name)	, do hereby accept the appointment	
`	er Deputy Treasurer.	
designated above as: Campaign Treasur	Deputy Treasurer.	
May 27, 2022 X		
' Date	Signature of Campaign Treasurer or Deputy Treasurer	

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2022 MAY 27 PM 2: 34

officer before opening the campaign account.	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):		
Initial Filing of Form Re-filing to Change: T	reasurer/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	
Paul Lee Westcott	code) 2160 58+h Ave, #74	
4. Telephone 5. E-mail address	Vero Beach, FL 32966	
(772) 708-9153 paule vote paul westrott		
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if	
Indian River County Hospital Distric	applicable:	
Seat 4	My intent is to run as a Write-In candidate.	
8. If a candidate for a <u>partisan</u> 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		
EDITHA LAVANDERA		
11. Mailing Address	12. Telephone	
6380 37th Street	(772 )532-8999	
13. City 14. County 15. Sta		
Vero Beach Indian River FL	32966 eddy lava@hellsouth.net	
18. I have designated the following bank as my Primary Depository Secondary Depository		
19. Name of Bank	20. Address	
Marine Bank & Trust	1450 US Highway 1	
Vero Beach Indian Ri	23. State 24. Zip Code	
Vero Beach Indian K.	ver Horida 32960	
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	
May 27, 2022	V	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
I, EDITHA LAVANDERA (Please Print or Type Name)	, do hereby accept the appointment	
designated above as: Campaign Treasurer Deputy Treasurer.		
May 27, 2022 X Courte Laverdera		
Date	Signature of Campaign Treasurer or Deputy Treasurer	

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1. CHECK APPROPRIATE BOX(ES):		
	reasurer/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)	
Paul Lee Westcott	1160 58th Ave #14	
4. Telephone 5. E-mail address	Var Bonch Fl. 32966	
4. Telephone 5. E-mail address  772 708-9153 paul @ votepaul Westcott	un vero hour, ,	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if	
Indian River County Hospital Distric	applicable:  My intent is to run as a Write-In candidate.	
Seat 4		
8. If a Candidate for a partisair office, check block and in in many or party		
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		
RONALD STEVEN LAMBERT	42 Talanhana	
11. Mailing Address	12. Telephone	
365 Fanceys CT,	(772) 538-3930	
365 FANLEYS CT, (772) 538-3930  13. City 14. County 15. State 16. Zip Code 17. E-mail address  VENO BCACH INDIAN BISHEN FL 32968 FONBLAMBENT COMMENCIAL, COM		
10. Thave designated the following bank do my		
19. Name of Bank & Trust 20. Address 1450 US Highway 1		
21. City Vera Beach Indian River		
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 (2.2)	26. Signature of Candidate	
May 27, 2022	X	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
I, ZONALD STEVEN LAMBERT , do hereby accept the appointment (Please Print or Type Name)		
designated above as: Campaign Treasurer Deputy Treasurer.		
5/27/2022 X	Book krown Perlant	
Date	Signature of Campaign Treasurer or Deputy Treasurer	