

INDIAN RIVER COUNTY  
SUPERVISOR OF ELECTIONS

2022 JUN 14 AM 10:31

**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.

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)

MICHAEL KINT

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

6255 59<sup>TH</sup> COURT  
VERO BEACH, FL 32967

4. Telephone

(772) 532-8579

5. E-mail address

KINTM.IRCHD@  
GMAIL.COM

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

IRC HOSPITAL DISTRICT, SEAT 2

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

MICHAEL KINT

11. Mailing Address

6255 59<sup>TH</sup> CT., VERO BEACH, FL 32967

12. Telephone

(772) 532-8579

13. City

VERO BEACH

14. County

INDIAN RIVER

15. State

FL

16. Zip Code

32967

17. E-mail address

KINTM.IRCHD@GMAIL.COM

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

19. Name of Bank

PNC BANK

20. Address

6080 20<sup>TH</sup> STREET

21. City

VERO BEACH

22. County

INDIAN RIVER

23. State

FL

24. Zip Code

32966

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

6-14-22

26. Signature of Candidate

*Michael Kint*

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

I, MICHAEL KINT, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

6-14-22

Date

X

*Michael Kint*

Signature of Campaign Treasurer or Deputy Treasurer