

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

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

(PLEASE PRINT OR TYPE)

INDIAN RIVER COUNTY  
SUPERVISOR OF ELECTIONS

2022 JUL -8 PM 4:31

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 59th 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**

SANDY KINT

**11. Mailing Address**

6255 59th CT., VERO BEACH, FL 32967

**12. Telephone**

( )

**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 20th 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**

7-8-22

**26. Signature of Candidate**



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

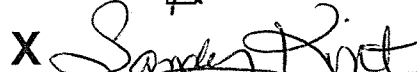
I, SANDY KINT, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer    ☒ Deputy Treasurer.

7-8-22

Date



Signature of Campaign Treasurer or Deputy Treasurer