

**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 15 AM 10:30

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
VERD BEACH, FL 32967

4. Telephone

(772) 532-8579

5. E-mail address

KINTM.IRCH@
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 59th COURT

12. Telephone

(772) 532-8579

13. City

VERD BEACH

14. County

INDIAN RIVER

15. State

FL

16. Zip Code

32967

17. E-mail address

KINTM.IRCH@
GMAIL.COM

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

MARINE BANK & TRUST

20. Address

1450 U.S. HWY 1

21. City

VERD BEACH

22. County

INDIAN RIVER

23. State

FL

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

7-15-22

26. Signature of Candidate

X 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.

7-15-22

Date

X Michael Kint

Signature of Campaign Treasurer or Deputy Treasurer

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MICHAEL KINT

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VERO BEACH, FL 32967

4. Telephone

(772) 532-8579

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KINTM.IRCHD@
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☐ 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 COURT

12. Telephone

(772) 532-8579

13. City

VERO BEACH

14. County

INDIAN RIVER

15. State

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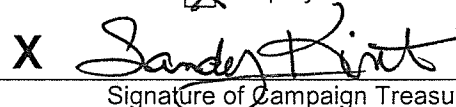
X 

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.

7-15-22
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer