

**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 filing officer before opening the campaign account.

*I Do Not intend  
to collect Spend  
any money.*

RECEIVED

2024 MAY 30 PM 4:00

MANATEE COUNTY  
SUPERVISOR 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):  
(Please Print or Type Name)

Dean Kevin LaFollette

**3. Address** (include PO Box or Street, City, State, Zip Code):  
6335 Kenava Loop, Palmetto, FL 34221

**4. Telephone:**

(813 ) 390-3090

**5. Candidate's Voter Registration #:**

111206682  
(not required for qualifying purposes)

**6. Email Address:**

dean.lafollette63@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

Trevesta Community Development District Supervisor Seat #4

**8. If a candidate for a nonpartisan office, check the box if applicable:**

☐ I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

☐ Write-In Candidate.   ☐ No Party Affiliation Candidate.   ☐ \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**

☐ Campaign Treasurer

☐ Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

**12. Telephone:**

(   )

**13. Email Address:**

**14. Mailing Address:**

**15. City:**

**16. State:**

**17. Zip Code:**

**18. I have designated the following bank as my** (check appropriate box): ☐ Primary Depository   ☐ Secondary Depository

**19. Name of Bank:**

**20. Address:**

**21. City:**

**22. County:**

**23. State:**

**24. Zip Code:**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date:** May 25, 2024

**26. Signature of Candidate:**

X 

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

I, \_\_\_\_\_ do hereby accept the appointment designated above as:  
(Please Print or Type Name)

☐ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X