

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

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

(PLEASE PRINT OR TYPE)

DSC SOE JUN8'2010:33

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)

Niles, Thomas, Chalifoux

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

3263 FALCON Point DR.
KISSIMMEE FL 34741

4. Telephone

(407) 873-1808

5. E-mail address

VoteChalifoux@gmail.com

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

Kissimmee City Commission seat 3

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

Niles Chalifoux

11. Mailing Address

3263 FALCON Point DR

12. Telephone

(407) 873-1808

13. City

KISSIMMEE

14. County

OSCEOLA

15. State

FL

16. Zip Code

34741

17. E-mail address

VoteChalifoux@gmail.com

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

19. Name of Bank

CENTENNIAL BANK

20. Address

625 N CENTRAL AVE

21. City

KISSIMMEE

22. County

OSCEOLA

23. State

FL

24. Zip Code

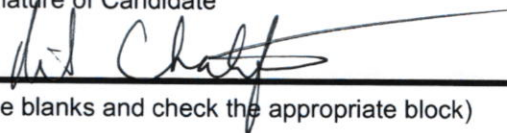
34741

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

6/5/2020

26. Signature of Candidate

X 

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

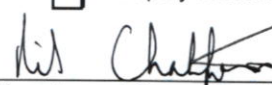
I, Niles Chalifoux, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/8/2020

Date

X


Signature of Campaign Treasurer or Deputy Treasurer