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

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

(PLEASE PRINT OR TYPE)

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officer before opening the campaign account.		OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):		
✓ Initial Filing of Form     ✓ Initi	Re-filing to Change: T	Treasurer/Deputy Depository Office Party
2. Name of Candidate (in this or	der: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)
Kolby Scott Urban		2239 Summer Raye Court
4. Telephone 5. E-r	mail address	St. Cloud, FL 34772
	tkolbyurban@gmail.con	om
6. Office sought (include district,		7. If a candidate for a <u>nonpartisan</u> office, check if
St. Cloud City Council Seat 3		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		
11. Mailing Address		12. Telephone
2739 Summ	out laye c	1. (407) 908-4172
13. City 14. County 15. State 16. Zip Code 17. E-mail address		
18. I have designated the following bank as my    Secondary Depository   Secondary Deposito		
19. Name of Bank	This burn at the	20. Address
Centennial Bank	,	3552 13th Street
21. City	22. County	23. State 24. Zip Code
St. Cloud	Osceola	Florida 34769
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		26. Signature of Candidate
116/21		X Only
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
I, Kolby Surban , do hereby accept the appointment (Please Print or Type Name)		
designated above as: Campaign Treasurer Deputy Treasurer.		
7/6/21		)
/ 16(C)	X	Mercu
Date Signature of Campaign Treasurer or Deputy Treasurer		