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 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 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) KOLBY, SCOTT, URBAN

4. Telephone

5. E-mail address 7239 Summer Raye Ct. St. Cloub, FL 34772 (407) 908-4172 ELECTKOLBYURBUNE) 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. ST CLOUD LITY COUNCIL SEAT 3 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 Partv candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer KOLBY SCOTT URBAN 11. Mailing Address 12. Telephone ZZ39 SUMMER RAYE CT. (407) 908-4172 16. Zip Code | 17. E-mail address 15. State 34772 ELECTKOLBYURBAN & 9Ma: 1. com ST. CLOUD FL 18. I have designated the following bank as my Primary Depository □ Secondary Depository 19. Name of Bank 20. Address 100 Park Place Blud Suite 101 22. County 24. Zip Code Kiss:mmce Florida OSCIOIC 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 26. Signature of Candidate 5/1/2023 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. SCOTT URBAN , do hereby accept the appointment (Please Print or Type Name) designated above as: X Campaign Treasurer Deputy Treasurer. X Signature of Campaign Treasurer or Deputy Treasurer