

**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.

SUPERVISOR OF ELECTIONS

2019 OCT -7 AM 8:31

PALM BEACH COUNTY, FL

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)

JONATHAN MAURICE MAPLES

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

6401 TRAVIS RD WEST PALM BEACH FL 33406

4. Telephone

(561) 284-0074

5. E-mail address

jon@votejonmaples.com

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

County Commissioner District (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 ☒ Republican Party candidate.

9. I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Cheryl Smith

11. Mailing Address

2800 North Ocean Drive Apt A6D

12. Telephone

(561) 801-2393

13. City

Singer Island

14. County

PBC

15. State

FL

16. Zip Code

33404

17. E-mail address

cherylbsmith64@gmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

PNC BANK

20. Address

218 DATURA ST

21. City

WPB

22. County

PBC

23. State

FL

24. Zip Code

33401

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

10/4/2019

26. Signature of Candidate

X Jonathan Maples

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

I, Cheryl B. Smith, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

10/4/19
Date

X Cheryl B. Smith
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

SUPERVISOR OF ELECTIONS

2019 OCT -4 PM 2:47

PALM BEACH COUNTY FL

I, JONATHAN MAPLES,

candidate for the office of COUNTY COMM;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 
Signature of Candidate

10/4/2019
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

NOT ORIGINAL

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(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

10/4/19

Date

X

Cheryl B. Smith

Signature of Campaign Treasurer or Deputy Treasurer