

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

SUPERVISOR OF ELECTIONS

2020 JUN 12 AM 11:36

PALM BEACH COUNTY, FL

I, CHRISTOPHER McAfee,

candidate for the office of COMMISSIONER - GROUP #2 - WHITE M;

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

X



Signature of Candidate



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).

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS  
2020 JUN 12 AM 11:36  
PALM BEACH COUNTY, FL

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)

CHRISTOPHER McATEE

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

12718 PECONIC CT.  
WILMINGTON, FL 33411

**4. Telephone**

(561) 530 8611

**5. E-mail address**

McAtee@bellsouth.net

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

Commissioner - POCT OF PALM BEACH group 2

**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**

CHRISTOPHER McATEE

**11. Mailing Address**

12718 PECONIC CT.

**12. Telephone**

( )

**13. City**

WILMINGTON

**14. County**

P.B.EACH

**15. State**

FL

**16. Zip Code**

33411

**17. E-mail address**

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

**19. Name of Bank**

BBIT

**20. Address**

2001 BROADWAY

**21. City**

RIVIERA BEACH

**22. County**

P.B.

**23. State**

FL

**24. Zip Code**

33404

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**

6/12/20

**26. Signature of Candidate**

X 

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

I, CHRISTOPHER McATEE, do hereby accept the appointment  
(Please Print or Type Name)


designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer

6/12/20

Date

X



Signature of Campaign Treasurer or Deputy Treasurer