

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2022 MAY 10 PM 12:01

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) *MICHAEL JOSEPH WHALEN* 3. Address (include post office box or street, city, state, zip code) *7150 HIGH SIERRA CR. WEST PALM BCH FL 33411*

4. Telephone *(561) 801-2571* 5. E-mail address *WHALENREALSTATE@GMAIL.COM*

6. Office sought (include district, circuit, group number) *PALM BEACH COUNTY PORT COMMISSIONER GROUP 5* 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 *DEMOCRAT* Party candidate.

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

10. Name of Treasurer or Deputy Treasurer *MICHAEL J. WHALEN*

11. Mailing Address *7150 HIGH SIERRA CR.* 12. Telephone ()

13. City *WEST PALM BCH* 14. County *PALM* 15. State *FL* 16. Zip Code *33411* 17. E-mail address *WHALENREALSTATE@GMAIL.COM*

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

19. Name of Bank *BANK OF AMERICA* 20. Address *ONE CROBEE BL*

21. City *WEST PALM BEACH* 22. County *PALM* 23. State *FL* 24. Zip Code *33411*

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 *5-10-22* 26. Signature of Candidate *X [Signature]*

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, *MICHAEL J. WHALEN*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
5-10-22 Date *X [Signature]* 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

2022 MAY 10 PM 12: 01

PALM BEACH COUNTY, FL.

I, MICHAEL JOSEPH WHALEN
candidate for the office of PORT COMMISSIONER GRP 5;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

5-10-22

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).