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

2023 MAY -2 AM 9: 02

PALM BEACH COUNCY, FL

OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Joel Flores 6901 Okeechobee Blvd., Suite D5-L82 4. Telephone 5. E-mail address West Palm Beach, FL 33411 (561) 436-9075 votejoelflores@gmail.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Palm Beach County Commissioner, District 3 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 Democratic \square 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 Kim LeeBove 11. Mailing Address 12. Telephone 9200 Belvedere Road, Suite 202 (561) 689-9787 13. City 16. Zip Code 17. E-mail address 14. County 15. State Palm Beach 33411 West Palm Beach Kim.LeeBove@gmail.com 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address Wells Fargo 5849 Okeechobee Blvd. 21. City 22. County 23. State 24. Zip Code West Palm Beach 33417 Palm Beach 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 2073 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) Kim LeeBove , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. |X|Signature of Campaign Treasurer or Deputy Treasurer

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1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party									Party		
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip									zip		
Joel Flores						code) 6901 Okeechobee Blvd., Suite D5-L82					
4. Telephone	5. E-mail address				West Palm Beach, FL 33411						
(561) 436-9075	votejoe	lflores@gmail									
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if					
Palm Beach County Commissioner, District 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 F	Write-In No Party Affiliation Democratic Party candidate.										
9. I have appointed the following person to act as my Campaign Treasurer 🔀 Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer Joel Flores											
11. Mailing Address 12. Telephone											
6901 Okeechobee Blvd., Suite D5-L82 (561) 436-9075											
13. City	14. County 15. State			ate	1						
West Palm Beach	Palm	Palm Beach FL			33411 votejoelflores@gmail.com						
18. I have designated the following bank as my											
19. Name of Bank					20. Address						
Wells Fargo				584	849 Okeechobee Blvd.						
21. City						23. State			24. Zip Code		
West Palm Beach		Palm Beach		_	FL 33417						
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.									ER AND		
25. Date 26. Signature of Candidate											
5/2/2023					x lace 5-						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, , do hereby accept the appointment									nt		
(Please Print or Type Name)											
designated above as:											
5/2/2023 X Jali)											
Date Signature of Campaign Treasurer or Deputy Treasurer											

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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PALH BEACH COUNTY, EL.

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candidate for the office of Palm Beach County Commissioner, District 3; have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

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).