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

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

(PLEASE PRINT OR TYPE)

RECEIVED

DEC 11 2017

By: JHIMISSE

NOTE: This form must be on file with the qualifying officer before opening the campaign account.				OFFICE USE ONLY						
1. CHECK APPROPRIATE  Initial Filing of Form	BOX(ES): Re-filing to Change	e:	easurer/	Deputy [	] Depository	, <u> </u>	Office		Party	
Name of Candidate (in this order: First, Middle, Last)     Kevin Sean Reid			3. Address (include post office box or street, city, state, zip code)							
4. Telephone 5. E-mail address			9 South University Circle DeLand, FL 32724							
( 386 ) 473-3411	ŘeidforDeLand@gmail.com	ŀ	0	Land, FL 32724	•					
6. Office sought (include district, circuit, group number)  DeLand City Commission - Seat 5				7. If a candidate for a <u>nonpartisan</u> office, check if applicable:  My intent is to run as a Write-In candidate.						
8. If a candidate for a <u>partisan</u> 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 X Campaign Treasurer Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer  Kevin Reid										
11. Mailing Address 9 South University Circle				12. Telephone						
13. City	14. County 15. St		le 16	Zip Code	17. E-mail address					
DeLand	Volusia F		1	32724 ReidforDeLand@gmail.com						
18. I have designated the following bank as my X Primary Depository Secondary Depository										
19. Name of Bank Surety Bank				20. Address 990 N Woodland Bivd						
21. City	22. County			23. State				24. Zip Code		
DeLand Volusia				FL 32720						
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.										
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				26. Signature of Candidate						
12/8/17			Χ -							
27. Treasure	er's Acceptance of Appo	ointment (	(fill in the	blanks and	check the ap	propriate	e block)			
i, Kevin Reid , do hereby accept the appointment										
(Please Print or Type Name)										
designated above as: X Campaign Treasurer Deputy Treasurer.										
12/0/12		X								
Date	!		Signature	of Campaig	n Treasurer	or Depu	ty Treasure		—	