APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

DAYTONA BEACH SHORES CITY CLERK

NOTE: This form must be on file with the qualifying officer before opening the campaign account

officer before opening the campaign account.							OFFICE	USE	ONLY	
1. CHECK APPROPRIATE B	OX(ES):									
Initial Filing of Form	Re-filing to Change:		Freasure	/Deputy	Depository		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last) MELVIN TERRITE LINDAUER 3. Address (include post office box or street, city, state, zip code) 2958 SEA OATS CIRCUE								zip		
4. Telephone 5. E-mail address DAYTOUL BEACH SHOKES FL 32118										
(610) 541-4994 Mellindune vegnar.com										
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if applicable:						
SEAT 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										
Write-In No Pa	rty Affiliation					Part	y cand	lidate.		
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer SET A										
11. Mailing Address 12. Telephone										
					()				
13. City	14. County 15. Sta			te 16. Zip Code 17. E-mail address						
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank				20. Address						
20. Address 20. Address 20. Address 21. City 22. County 23. State 24. Zip Code										
21. City ABS	22. County			23. State		2	24. Zip Co			
				FL			3211	_		
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							
2-15-7018				X Quier						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I, MEL LINDAUER (Please Print or Type Name)				, do hereby accept the appointment						
designated above as: Campaign Treasurer Deputy Treasurer.										
2-15-2018 X Signature of Compaign Traceurs of Deput Traceurs										
Date Signature of Campaign Treasurer or Deputy Treasurer										