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

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

APR 218 AK 5105

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

officer before opening the campaign account.								OFFICE	= USE	UNLY	
1. CHECK APPROPRIATE Initial Filing of Form	•	S): e-filing to Change	e:	easurer/	Deputy 「	Deposito	rv 🗍	Office		Party	
								-+a+a			
Name of Candidate (in this order: First, Middle, Last) STEVEN ROBERT BURK					3. Address (include post office box or street, city, state, zip code)						
					1707 E. MINNESOTA AV						
4. Telephone		ail address		DeLA	DeLAND, FLORIDA 32724						
		aw@gmail.con	_								
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
VOLUSIA COUNTY JUDGE 7th CIRCUIT GROUP 5					applicable: My intent is to run as a Write-In candidate.						
								s a Write-Ir	n candi	idate.	
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 I	Party Affi	iliation					Pa	rty cand	didate.		
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer											
FRED C. LAZAROE											
11. Mailing Address 12. Telephone											
4256 MAYFAIR LANE					(386) 788-6831						
13. City 14. County 15			15. State					<u> </u>			
PORT ORANGE VOLUSIA FLORIC			0A 32129 flazaroe@msn.com								
18. I have designated the following bank as my					Primary Depository Secondary Depository						
19. Name of Bank 2					20. Address						
TD Bank 35					51 E. NEW YORK AVE						
21. City				23. State				24. Zip Code			
DeLAND	** <u>-</u>	VOLUSIA			FLORID	Α		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.											
25. Date	1		:	26. S ign:	ature of Can	didate					
42	201	8	,		7\	1	_				
The state of the s											
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, FRED C. LAZAROE					, do hereby accept the appointment						
(Please Print or Type Name)											
designated above as:	, X	Campaign T	reasurer		Deputy Tre	easurer.					
4/02/2018 X 88006. Ca a raes											
Date	1201		<u></u>	Signature	of Campaid	n Treasurer	or Deput	ty Tropeuro			