

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

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

(PLEASE PRINT OR TYPE)

04-13-18P01:25 RCVD

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input checked="" type="checkbox"/> Depository <input checked="" type="checkbox"/> Office <input type="checkbox"/> Party					
2. Name of Candidate (in this order: First, Middle, Last) Tray Eugene Shinkas			3. Address (include post office box or street, city, state, zip code) 1397 Winterville Street Deltona FL 32725		
4. Telephone (386) 414 7032		5. E-mail address tray@shinkas.org			
6. Office sought (include district, circuit, group number) City of Deltona Mayor			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> 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 <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer Tray Shinkas					
11. Mailing Address 1397 Winterville Street				12. Telephone (386) 414 7032	
13. City Deltona		14. County Volusia	15. State FL	16. Zip Code 32725	17. E-mail address tray@shinkas.org
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank TD Bank			20. Address 2240 South Volusia Avenue		
21. City Orange City		22. County Volusia		23. State FL	24. Zip Code 32763
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 April 13, 2018			26. Signature of Candidate <input checked="" type="checkbox"/>		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, <u>Tray Shinkas</u> , do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.					
<u>April 13, 2018</u> Date			<input checked="" type="checkbox"/> Signature of Campaign Treasurer or Deputy Treasurer		