

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**  
6/1/18  
LML 1:30pm

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

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form    Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

MICHAEL I. CHUVEN

**3. Address** (include post office box or street, city, state, zip code)

407 MIRIAM AVE.  
HOLLY HILL, FL 32117

**4. Telephone**

(386) 589-2213

**5. E-mail address**

MCHUVEN1@GMAIL.COM

**6. Office sought** (include district, circuit, group number)

MT 70A, CITY OF HOLLY HILL

**7. If a candidate for a nonpartisan office, check if 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 Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

KAREN CHUVEN

**11. Mailing Address**

407 MIRIAM AVE

**12. Telephone**

(386) 589-2213

**13. City**

HOLLY HILL

**14. County**

VOLUSIA

**15. State**

FL

**16. Zip Code**

32117

**17. E-mail address**

KAREN.CHUVEN@GMAIL.COM

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

TD

**20. Address**

1852 RIDGEWOOD AVE., H.H., FL, 32117

**21. City**

HOLLY HILL

**22. County**

VOLUSIA

**23. State**

FL

**24. Zip Code**

32117

**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**

5/30/18

**26. Signature of Candidate**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, KAREN CHUVEN, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5/30/18  
Date

X Karen Choven  
Signature of Campaign Treasurer or Deputy Treasurer