

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

JAN 13 2020

By: JA

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)

Christopher Michel Cloudman

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

1275 S Boston Avenue
DeLand, FL 32724

4. Telephone

(386) 624-1086

5. E-mail address

christopher.cloudman@gmail

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

DeLand City Commissioner, Seat 4

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

Christopher Cloudman

11. Mailing Address

1275 S Boston Avenue

12. Telephone

(386) 624-1086

13. City

DeLand

14. County

Volusia

15. State

FL

16. Zip Code

32724

17. E-mail address

christopher.cloudman@gmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Mainstreet Community Bank of Florida

20. Address

240 S Woodland Boulevard

21. City

DeLand

22. County

Volusia

23. State

FL

24. Zip Code

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

1/13/2020

26. Signature of Candidate

X



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

I, Christopher Cloudman, do hereby accept the appointment
(Please Print or Type Name)

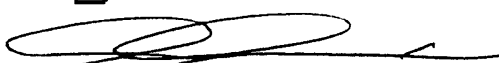
designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

1/13/2020

Date

X



Signature of Campaign Treasurer or Deputy Treasurer