

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

(Section 106.021(1), F.S.)  
(PLEASE PRINT OR TYPE)

**RECEIVED**  
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BY: John Doe 12:44

**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)

Charles Donald Paiva

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

897 N. Garfield Ave.  
DeLand, FL 32724

**4. Telephone**

(386) 235-3344

**5. E-mail address**

cdpaiva@aol.com

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

DeLand City Commissioner, Seat 2

**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**  
Charles Donald Paiva

**11. Mailing Address**

897 N. Garfield Ave.

**12. Telephone**

(386) 235-3344

**13. City**

DeLand

**14. County**

Volusia

**15. State**

FL

**16. Zip Code**

32724

**17. E-mail address**

cdpaiva@aol.com

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

**19. Name of Bank**

Main Street Community Bank

**20. Address**

204 S. Woodland Blvd.

**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**

3-11-20

**26. Signature of Candidate**

X Charles Paiva

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

I, Charles Donald Paiva

do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

3-11-20

X

Chris Paiva

Date

Signature of Campaign Treasurer or Deputy Treasurer