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

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

(PLEASE PRINT OR TYPE)

RECEIVED

MAR 1 4 2022

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: T	reasurer/Deputy Depository Office Party	
2. Name of Candidate (in this order: First, Middle, Last)	Address (include post office box or street, city, state, zip code)	
DAVID ISOLDEL	8) CALUMET Due	
4. Telephone 5. E-mail address	Pouce INIET FL Jala7	
(904)229 660 OTIS 4090 G SIADIL COI	7. If a candidate for a <u>nonpartisan</u> office, check if	
6. Office sought (include district, circuit, group number)	applicable:	
Punce INTEL COUNCIL STETY	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		
11. Mailing Address	12. Telephone	
87 CAlumet Are	(904) 229 6607	
13. City 14. County 15. St		
PONCE INEI VOLUSIA FI		
18. I have designated the following bank as my	Primary Depository Secondary Depository	
19. Name of Bank	20. Address	
BANK OF DMERICA	23. State 24. Zip Code	
PORTORDA VOLUTIA	120 pm 32 12 9	
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	26. Signature of Candidate	
3/14/22	X Dd Deal	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
I, ORUND TSABE (Please Print or Type Name), do hereby accept the appointment		
designated above as: Campaign Treasurer Deputy Treasurer.		
3/14/27 X 2/ Dara		
Date	Signature of Campaign Treasurer or Deputy Treasurer	

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Initial Filing of Form Re-filing to Change:	Treasurer/Deputy 🔲 Depository 🔲 Office 🔲 Party	
2. Name of Candidate (in this order: First, Middle, Last)	Address (include post office box or street, city, state, zip code)	
DAVID ISRAEL	87 CALLMET AVE.	
4. Telephone 5. E-mail address	PONCE INTEL, FL 32127	
(904) 229-6607 6TIS 4090 GG INDI	- Com	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:	
PONCE INTERCOUNCIL STAT 4	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		
Cynthia Lordel	140 Telephone	
11. Mailing Address	12. Telephone	
87 CDUMET AVE TONCE IN ET F 3227 (904) 386 2521 13. City		
PONCE INET VOLUSIA F	1. 3212) IS RAELCINAY G YA how. com	
18. I have designated the following bank as my Primary Depository Secondary Depository		
19. Name of Bank	20. Address	
BANK OF DMERICA	3809 S. NOVA RD	
21. City 22. County	23. State 24. Zip Code	
Vant change Vulusia	1-1. 72129	
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	26. Signature of Candidate	
2/11/22	X Dal Jorge	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
(Please Print or Type Name)	, do hereby accept the appointment	
designated above as: Campaign Treasurer Deputy Treasurer.		
3/14/22 X	Perot tro Arrael	
Date	Signature of Campaign Treasurer or Deputy Treasurer	