

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
MAR 15 2023  
BY: *KL*

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)

*DR. ARUN IYAMPILLAI*

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

*1 MAR AZUL N.  
PONCE INLET, FL 32127*

4. Telephone

*(561) 531-2315*

5. E-mail address

*Bestpetdoctor@gmail.com*

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

*Tom Council, Seat # 3*

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

*Dr. Arun Iyampillai*

11. Mailing Address

*1 Mar Azul N.*

12. Telephone

*(561) 531-2315*

13. City

*Ponce Inlet*

14. County

*Volusia*

15. State

*FL*

16. Zip Code

*32127*

17. E-mail address

*bestpetdoctor@gmail.com*

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

19. Name of Bank

*T D Bank*

20. Address

*1101 Dunbar Ave.*

21. City

*Port orange*

22. County

*Volusia*

23. State

*FL*

24. Zip Code

*32127*

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

*3/15/23*

26. Signature of Candidate

*X [Signature]*

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

I, *Dr. Arun Iyampillai*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*3/15/23*

Date

*X*

*[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer