APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

CITY CLERK'S OFFICE 2020 SEP -2 PM 3: 36

officer before opening the campaign account.			EFENDERHALDINGSTONESTIN (INTERNATIONALIS) (INTERNATIONALIS)	CONTRACTOR LANGE TO THE PROPERTY OF THE PROPER		OFFICE	USE C	ONLY	
1. CHECK APPROPRIATE BOX(ES):									
Initial Filing of Form Re-	filing to Change:	Treasu	rer/Deputy	Deposito	ory	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)			Address (include post office box or street, city, state, zip code)						
ROBERT J. (BOB) MCCABE			40 49 OCEAN DRIVE # 506						
4. Telephone 5. E-ma		VERO BEACH, EL 32963							
(248)421-7301 ROBERT J MCCASIEWADLCOM									
Office sought (include district, circuit, group number)			7. If a candidate for a <u>nonpartisan</u> office, check if						
CITY COUNCIL, VERO BEACH			ap olicable: My intent is to run as a Write-In candidate.						
Write-In No Party Affi		Party candidate.							
9. I have appointed the following person to act as my									
10. Name of Treasurer or Deputy Treasurer ROBERT J. MCCAISE									
11. Mailing Address			12. Telephone						
4049 OCBAN DENUE #506, VERO BEAC									
13. City 14. County 15. State 16. Zip Code 17. E-mail address ROBIELL MCCABE CHOL. CO							COM		
18. I have designated the following bank as my			Primary Depository Secondary Depository						
19. Name of Bank 20. Address /450 US/									
MARINE BANK & TRUST			571 Beachland Boole vand						
21. City VERO BEACH	22. County INDIAN RI	VER	23. Sta			24. Zip Co 3290			
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						
9-2-20			X Coled flunde						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I, ROBJERT JOHC		, do hereby accept the appointment							
(Please Print or Type Name)									
designated above as:	Campaign Treas	surer	Deputy	Treasurer.					
9-2-20 X Robert Klubb									
Date	Date Signature of Cp/mpaign Treasurer or Deputy Treasurer								