

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY
FILED

10 MAY 10 AM 9:25

DIVISION OF ELECTIONS
SECRETARY OF STATE

1. CHECK APPROPRIATE BOX:

☒ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

KEVIN BURNS

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

P.O. Box 610817
NORTH MIAMI FL 33261

4. Telephone (optional)

(305) 710-3306

5. E-mail address (optional)

KEVINABURNS@ad.com

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

FLORIDA SENATE DIST 35

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 ☐ DEMOCRAT Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

KEVIN BURNS

11. Mailing Address (If post office box or drawer, also include street address)

2065 ALAMANDA DR

12. Telephone

(305) 710-3306

13. City

NORTH MIAMI

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33181

17. E-mail address (optional)

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

TRANSATLANTIC

20. Street Address

12700 Biscayne Blvd

21. City

NORTH MIAMI

22. County

MIAMI-DADE

23. State

FLORIDA

24. Zip Code

33181

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

5-6-10

26. Signature of Candidate

X 

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


I, KEVIN BURNS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

5-6-10

Date

X


Signature of Campaign Treasurer or Deputy Treasurer