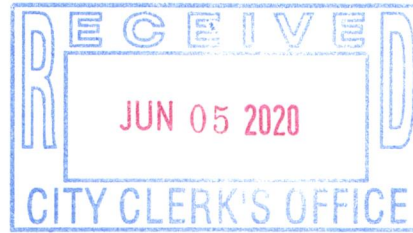


STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, MICHAEL A. PERRI, JR,

candidate for the office of CITY COMMISSION DIST. 2;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Michael A. Perri, Jr.

Signature of Candidate

6-5-20

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**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 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)

MICHAEL A. PERRI, JR.

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

1135 ANTILLES AV.
FORT PIERCE, FL 34982

4. Telephone

(772) 519-0286

5. E-mail address

EKIMIRREP@GMAIL.COM

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

CITY COMMISSION DIST. 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

Kim Bolin

11. Mailing Address

2110 W. Boothe Drive

12. Telephone

(772) 201-7612

13. City Fort Pierce	14. County St. Lucie	15. State FL	16. Zip Code 34982	17. E-mail address Kimscheln@yahoo.com
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18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

CENTER STATE BANK

20. Address

5001 Okeechobee Road

21. City Fort Pierce	22. County St. Lucie	23. State Florida	24. Zip Code 34947
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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

6-1-20

26. Signature of Candidate

Michael A. Perri, Jr.

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

I, Kim Bolin, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Michael A. Perri, Jr.

Kim Bolin