

**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 filing 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):
(Please Print or Type Name)

Bridget R. Moran

3. Address (include PO Box or Street, City, State, Zip Code):

[REDACTED]

4. Telephone:

[REDACTED]

5. Candidate's Voter ID:

[REDACTED]

(not required for qualifying purposes)

[REDACTED]

[REDACTED]

7. Office Sought (include district, circuit, group, or seat #):

Palm Beach Town Council, Group 3

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Mark Zeidman

12. Telephone:

(561) 689.9787

13. Email Address:

9barton9@gmail.com

14. Mailing Address:

229 Barton Avenue

15. City:

Palm Beach

16. State:

FL

17. Zip Code:

33480

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Wells Fargo

20. Address:

255 South County Road

21. City:

Palm Beach

22. County:

Palm Beach

23. State:

FL

24. Zip Code:

33480

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

11/10/25

26. Signature of Candidate:

X *Bridget R. Moran*

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

I, Mark Zeidman do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

11/10/25

29. Signature of Campaign Treasurer or Deputy Treasurer

X *M Zeidman*

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2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Bridget R. Moran

3. Address (include PO Box or Street, City, State, Zip Code):

[REDACTED]
[REDACTED]

4. Telephone:

([REDACTED]) [REDACTED]

5. Candidate's Voter Registration #:

[REDACTED]
(not required for qualifying purposes)

6. Email Address:

[REDACTED]

7. Office Sought (include district, circuit, group, or seat #):

Palm Beach Town Council, Group 3

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Kim LeeBove

12. Telephone:

(561) 689.9787

13. Email Address:

kim@csteam360.com

14. Mailing Address:

9200 Belvedere Road, Ste. 202

15. City:

West Palm Beach

16. State:

FL

17. Zip Code:

33411

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Wells Fargo

20. Address:

255 South County Road

21. City:

Palm Beach

22. County:

Palm Beach

23. State:

FL

24. Zip Code:

33480

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

11/10/25

26. Signature of Candidate:

X 

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

I, Kim LeeBove do hereby accept the appointment designated above as:
(Please Print or Type Name)

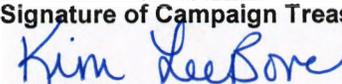
Campaign Treasurer.

Deputy Treasurer.

28. Date:

11/10/25

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

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2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Bridget R. Moran

3. Address (include PO Box or Street, City, State, Zip Code):

[REDACTED]
[REDACTED]

4. Telephone:

([REDACTED]) [REDACTED]

5. Candidate's Voter Registration #:

[REDACTED]
(not required for qualifying purposes)

6. Email Address:

[REDACTED]

7. Office Sought (include district, circuit, group, or seat #):

Palm Beach Town Council, Group 3

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9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Bridget R. Moran

12. Telephone:

([REDACTED]) [REDACTED]

13. Email Address:

[REDACTED]

14. Mailing Address:

[REDACTED]

15. City:

[REDACTED]

16. State:

[REDACTED]

17. Zip Code:

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25. Date:

10/6/2025

26. Signature of Candidate:

X *Bridget R. Moran*

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

I, Bridget R. Moran do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

10/6/2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X *Bridget R. Moran*