



**VILLAGE OF INDIANTOWN  
AFFIDAVIT OF RESIDENCY**

Village Charter Section 4 Subsection 2(b)(2)

**Each candidate for Council shall have been a resident of the village for at least one year before qualifying for office.**

I, CARMINE DIPAOLLO, candidate for Village Council Member Seat No. 3, do hereby swear or affirm that my primary residence for at least 1 year before the appointment of office has been in the Village of Indiantown.

I further understand that any misstatements may jeopardize my ability to serve as a Council Member, even if appointed or elected

Signature of Candidate  
[Handwritten Signature]

Date  
MARCH 18, 2026

**Proof of Residency Provided:**

- o Florida Driver's License Number: D140-100-60-418-0
- o Florida State ID Card Number: \_\_\_\_\_
- o Voter Registration Number: \_\_\_\_\_
- o Copy of Utility Bill (type): \_\_\_\_\_
- o Other: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MARTIN

[Handwritten Signature: Larhonda McBride]  
Signature of Notary Public

Sworn to (or affirmed) and subscribed before me  
By physical or online presence this 18 day of March, 2026.

Personally Known: \_\_\_\_\_ or Produced Identification: X

Type of Identification Produced: FL. DRIVERS LICENSE



LARHONDA MCBRIDE  
Commission # HH 630241  
Expires March 1, 2029

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

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

(PLEASE PRINT OR TYPE)

MAR 18 '26 PM 2:16

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)

Carmine Dipaolo

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

16274 SW Four Wood Way.  
Indiantown FL, 34956

**4. Telephone:**

(857 )207-1965

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

carmdipaolo1@gmail.com

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

Indiantown council seat 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:**

Carmine Dipaolo

**12. Telephone:**

(857 )2071695

**13. Email Address:**

carmdipaolo1@gmail.com

**14. Mailing Address:**

16274 SW Four Wood Way

**15. City:**

Indiantown

**16. State:**

Florida

**17. Zip Code:**

34956

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

**19. Name of Bank:**

South State Bank

**20. Address:**

15588 SW Warfield Blvd.

**21. City:**

Indiantown

**22. County:**

United States

**23. State:**

Florida

**24. Zip Code:**

34956

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:** 3/18/26

**26. Signature of Candidate:**

X 

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

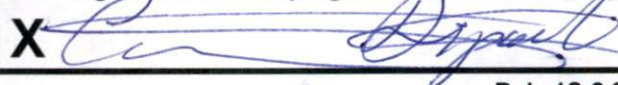
I, Carmine Dipaolo do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 3/18/26

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 

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

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

(PLEASE PRINT OR TYPE)

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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)

Carmine Dipaolo

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

16274 SW Four Wood Way  
Indiantown, Florida 34956

4. Telephone:

(857 )207-1965

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

carmdipaolo1@gmail.com

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

Village Council Seat 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:

Randi Patterson

12. Telephone:

(772 )475-4167

13. Email Address:

watsonr9898@yahoo.com

14. Mailing Address:

3621 SW Coquina Cove Way #103

15. City:

Palm City

16. State:

Florida

17. Zip Code:

34990

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

19. Name of Bank:

South State Bank

20. Address:

15588 SW Warfield Blvd

21. City:

Indiantown

22. County:

Martin

23. State:

Florida

24. Zip Code:

34956

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: March 18, 2026

26. Signature of Candidate:

X 

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

I, Randi Patterson do hereby accept the appointment designated above as:


(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: March 18, 2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

MAR 18 '26 PM 2:16

I, Carmine Dipaolo,

candidate for the office of Indianston Village Council SEAT #3;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X   
Signature of Candidate

3/18/26  
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).