

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

MAR 29 2024

OFFICE OF THE CITY CLERK

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)

Paula R. Reed

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

861 Magnolia Ave
Daytona Beach, FL 32114

4. Telephone:

(386) 295-3317

5. Candidate's Voter Registration #:

108534404
(not required for qualifying purposes)

6. Email Address:

Reedp@Codb.us

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

City Commissioner Zone 6

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:

Paula R. Reed

12. Telephone:

(386) 295-3317

13. Email Address:

reedp@Codb.us

14. Mailing Address:

861 Magnolia Ave

15. City:

Daytona Beach

16. State:

FL

17. Zip Code:

32114

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

19. Name of Bank:

Wells Fargo

20. Address:

21. City:

Daytona Beach

22. County:

Volusia

23. State:

FL

24. Zip Code:

32114

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:

3/29/2024

26. Signature of Candidate:

X Paula R. Reed

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

I, Paula R. Reed

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

3/29/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X Paula R. Reed