

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**  
APR 05 2024

CITY OF DAYTONA BEACH SHORES  
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)

Michael J Politis

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

2632 S. PENINSULA DR  
DBS, FL 32118

**4. Telephone:**

(386) 679-9970

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

108729764  
(not required for qualifying purposes)

**6. Email Address:**

michael.politis@lawfirm.com

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

Seat 4

**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.

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

**10. Name of Treasurer or Deputy Treasurer:**

Self

**12. Telephone:**

( )

**13. Email Address:**

**14. Mailing Address:**

**15. City:**

**16. State:**

**17. Zip Code:**

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

**19. Name of Bank:**

REGIONS

**20. Address:**

607 Dunlawton Ave

**21. City:**

Pf Orange

**22. County:**

Volusia

**23. State:**

FL

**24. Zip Code:**

32127

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:**

4/5/24

**26. Signature of Candidate:**

X

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

I, Michael J Politis  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

4/5/24

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

X