

**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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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)

James L Powers JR

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

131 Lindenwood Cir East
Ormond beach FL 32174

4. Telephone:

(386) 481-4883

5. Candidate's Voter Registration #:

140521594
(not required for qualifying purposes)

6. Email Address:

F/Poolbuilders@gmail.com

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

Sheriff

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. Republican Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

James L Powers JR

12. Telephone:

(386) 481 4883

13. Email Address:

F/Poolbuilders@gmail.com

14. Mailing Address:

131 Lindenwood Cir East

15. City:

Ormond

16. State:

FL

17. Zip Code:

32174

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

19. Name of Bank:

Seacoast Bank

20. Address:

175 West Granada Blvd

21. City:

Ormond beach

22. County:

Vol.

23. State:

FL

24. Zip Code:

32174

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: 1-2-24

26. Signature of Candidate:

X 

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

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

Campaign Treasurer.

Deputy Treasurer.

28. Date: 1-2-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 