

**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.

**RECEIVED**

JAN 12 2024

**BY CITY CLERK** *dem*

**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)

Charles (Randy) Hartman

**3. Address** (include PO Box or Street, City, State, Zip Code):  
PO Box 1324 New Smyrna Beach, Florida 32170

**4. Telephone:**

(386 ) 314-4090

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

(not required for qualifying purposes)

**6. Email Address:**

hartman4commissioner@gmail.com

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

New Smyrna Beach City Commissioner Zone 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.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

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

Sharon Herbert

**12. Telephone:**

(386 ) 235-~~5555~~ 5079

**13. Email Address:**

hartman4commissioner@gmail.com

**14. Mailing Address:**

PO Box 1324

**15. City:**

New Smyrna Beach

**16. State:**

Florida

**17. Zip Code:**

32170

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

**19. Name of Bank:**

Wells Fargo

**20. Address:**

1791 FL-44, New Smyrna Beach, FL 32168

**21. City:**

New Smyrna Beach

**22. County:**

Volusia

**23. State:**

Florida

**24. Zip Code:**

32168

**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:**

01-12-2024

**26. Signature of Candidate:**

X *Charles Randy Hartman*

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

I, Sharon Herbert do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

1-12-2024

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

X *Sharon Herbert*