

**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)

Cassandra Gonyer

3. Address (include PO Box or Street, City, State, Zip Code):
221 College Park Dr., Daytona Beach, FL 32114

4. Telephone:

(561) 685-1955

5. Candidate's Voter Registration #:

120206640

(not required for qualifying purposes)

6. Email Address:

gonyerscience@gmail.com

7. Office Sought (include district, circuit, group, or seat #):
Volusia County School Board, District 2

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:

12. Telephone:

(561)

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:

Truist

20. Address:

200 S. Palmetto Ave.

21. City:

Daytona Beach

22. County:

Volusia

23. State:

FL

24. Zip Code:

32114

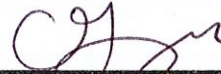
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

3/15/24

26. Signature of Candidate:

X



27.

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

I, _____

Cassandra Gonyer

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

3/15/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X

