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BY: KU

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.

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)

BILL JOSEPH MILANO

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

4779 S. ATLANTIC AVE
C-1
PONCE INLET, FL 32127

4. Telephone:

(386) 795-2452

5. Candidate's Voter Registration #:

108610608

(not required for qualifying purposes)

6. Email Address:

bradyspa@yahoo.com

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

TOWNSHIP PONS INLET COUNCIL SEAT 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:

B. H. MILANO

12. Telephone:

(386) 795-2452 bradyspa@yahoo.com

13. Email Address:

14. Mailing Address:

4779 S. ATLANTIC AVE C-1

15. City:

PONCE INLET

16. State:

FL

17. Zip Code:

32127

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

19. Name of Bank:

TRUIST

20. Address:

3640 S. ATLANTIC AVE

21. City:

PAYTONA BEACH SHORES

22. County:

VOLusia

23. State:

FL

24. Zip Code:

32118

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: 3-21-24

26. Signature of Candidate:

X [Signature]

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

I, B. H. MILANO

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date: 3-21-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]