

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**  
APR 22 2024  
BY: *Stacy*

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)

*DEREK LAMONTAGNE*

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

*993 GEIGER DR.  
PORT ORANGE, FL 32127*

**4. Telephone:**

*(386) 259-8935*

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

*108622881*

(not required for qualifying purposes)

**6. Email Address:**

*VOLUSIA.DEREK@GMAIL.COM*

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

*MAYOR OF THE CITY OF PORT ORANGE*

**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:**

*KEN SIPES*

**12. Telephone:**

*(386) 673-7589*

**13. Email Address:**

*ksipes77@gmail.com*

**14. Mailing Address:**

*355 Applegate Lndg*

**15. City:**

*Ormond Beach*

**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:**

*Vystar CREDIT UNION*

**20. Address:**

*750 DUNLAWTON AVE.*

**21. City:**

*PORT 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:**

*4/22/2024*

**26. Signature of Candidate:**

**X** *Derek Lamontagne*

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

I, *Ken Sipes* do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

*4/22/24*

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

**X** *Ken Sipes*