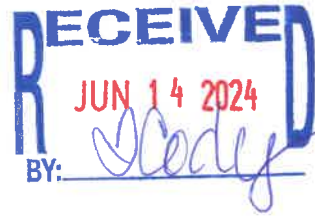


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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)

Joseph John Mialki, III

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

5931 Broken Bow Lane
Port Orange, Florida 32127

4. Telephone:

(386) 547-3011

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

pizzapiewiseguy@gmail.com

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

City of Port Orange, District 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:

Noreen A Fenner

12. Telephone:

(850) 212-0226

13. Email Address:

noreen@pacfm.net

14. Mailing Address:

1103 Hays Street

15. City:

Tallahassee

16. State:

Florida

17. Zip Code:

32301

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

19. Name of Bank:

Barwick Bank

20. Address:

105 Grand Preserve Way

21. City:

Daytona Beach

22. County:

Volusia

23. State:

Florida

24. Zip Code:

32117

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:

6/14/2024

26. Signature of Candidate:

X

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

I, Noreen A Fenner

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

6/10/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X