

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)

Samuel G.S. Bennett

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

P.O. Box 252  
615 Braddock Rd  
Pierson, FL 32180

4. Telephone:

(386) 747-3220

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

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

Mayor, Town of Pierson

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.

☒ Republican Party candidate.

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

☒ Campaign Treasurer

☐ Deputy Treasurer

Name of Treasurer or Deputy Treasurer:

Samuel G.S. Bennett

12. Telephone:

(386) 747-3220

13. Email Address:

ambennett@piersonfl.org

14. Mailing Address:

P.O. Box 252,

15. City:

Pierson

16. State:

FL

17. Zip Code:

32180

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

19. Name of Bank:

Switz Bank

20. Address:

21. City:

Pierson, FL

22. County:

Volusia

23. State:

FL

24. Zip Code:

32180

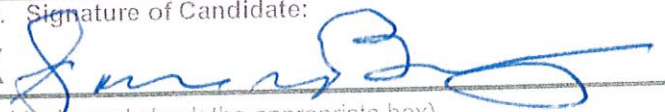
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE  
CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

6/13/24

26. Signature of Candidate:

X



27.

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

I, Samuel G.S. Bennett

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

Date:

6/13/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X

