

**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 qualifying officer before opening the campaign account.

RECEIVED

JAN 18 2010

OFFICE OF THE CITY CLERK

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)
Quanita J. May

3. Address (include post office box or street, city, state, zip code)
115 Magnolia Ave. Daytona Beach

4. Telephone
(386) 235-7902

5. E-mail address
quanitamay1@gmail.com

6. Office sought (include district, circuit, group number)
City Commissioner Zone 3

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Robert L. Iacovelli

11. Mailing Address
3609 Galway Lane

12. Telephone
(386) 290-5755 cell

13. City
Ormond Beach

14. County
Volusia

15. State
FL

16. Zip Code
32174

17. E-mail address
riacovelli36@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
Suntrust

20. Address
200 S. Palmetto

21. City
Daytona Beach


22. County
Volusia

23. State
FL

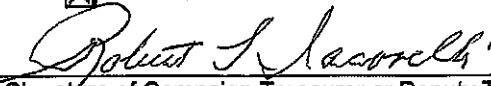
24. Zip Code
32114

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

25. Date
January 16, 2018

26. Signature of Candidate
X 

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Robert L. Iacovelli, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
1-16-2018 **X** 
Date Signature of Campaign Treasurer or Deputy Treasurer