

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

**OFFICE OF THE CITY CLERK**

**DATE** 6-21-18

**NOTE: This form must be on file with the qualifying 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)

Ed ELLISON

**3. Address** (include post office box or street, city, state, zip code)

**4. Telephone**

(386) 690-3506

**5. E-mail address**

COUNTRYBARBERSHOP5@yahoo.com

**6. Office sought** (include district, circuit, group number)

MAYOR OF NEW SMYRNA Bch.

**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**

Ed ELLISON

**11. Mailing Address**

108 AQUA Ct. NEW SMYRNA Bch.

**12. Telephone**

( )

**13. City**

N.S.B.

**14. County**

Volusia

**15. State**

FL.

**16. Zip Code**

32168

**17. E-mail address**

SAME AS ABOVE

**18. I have designated the following bank as my**

☐ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

BANK of AMERICA

**20. Address**

West Hwy. 44 NEW SMYRNA Bch.

**21. City**

N.S.B.

**22. County**

Vol.

**23. State**

FLA.

**24. Zip Code**

32168

**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**

6/21/18

**26. Signature of Candidate**

**X** Ed Ellison

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

I, Ed ELLISON, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

6/21/18  
Date

**X** Ed Ellison  
Signature of Campaign Treasurer or Deputy Treasurer