## 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 OFFICE OF THE CITY CLERK DATE 6-13-18

OFFICE USE ONLY

officer before opening the					- International Control	OFFIC	E USE	ONLY				
1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party											Party	
2. Name of Candidate (in	3. Address (include post office box or street, city, state, zip											
Chase Herbig					code) 140 Marina Bay Drive							
4. Telephone	5. E-ma	il address		New	New Smyrna Beach, Florida 32169							
(407 ) 920-1115	chase@	chase4may	or.com									
Office sought (include district, circuit, group number)     Mayor New Smyrna Beach					7. If a candidate for a <u>nonpartisan</u> 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												
Jen Peace												
11. Mailing Address								12. Telephone				
42 TIMBERTRU									) 453-61	151		
13. City	14. County		15. State	16	16. Zip Code 17. E-mail address							
Port Orange	Volusia Florida			3212   jena0419@gmail.com								
18. I have designated the following bank as my					Primary Depository Secondary Depository							
19. Name of Bank 2					0. Address							
Center State Bank 76					63 E. 3rd Avenue							
21. City	AND DEPOSIT		22. County		23. Sta			24. Zip Code				
New Smyrna Beach	w Smyrna Beach Volusia			Florida					32169			
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 26 Signature of Carvidate												
6-12-18												
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I, UCANI +CO PEAEE (Please Print or Type Name)					, do hereby accept the appointment							
designated above as:   Campaign Treasurer , Deputy Treasurer												
6-12-18 X Innien Race												
Date					Signature of Campaign Treasurer or Deputy Treasurer							