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 14 2019
CITY OF PORT ORANGE 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)
SAVANNAH WEAVER

3. Address (include post office box or street, city, state, zip code) 907 NIXON LN PORT ORANGE FL 32129

4. Telephone
(386) 212 1389

5. E-mail address
SAVANNAHWEAVER4POCC@GMAIL.COM

6. **Office sought** (include district, circuit, group number)
DISTRICT 1 COUNCIL MEMBER

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

Name of Treasurer or Deputy Treasurer
SAVANNAH WEAVER

11. Mailing Address
907 NIXON LN

12. Telephone
(386) 212 1389

13. City
PORT ORANGE

14. County
VOLUSIA

15. State
FL

16. Zip Code
32129

17. E-mail address
savannahweaver4POCC@gmail.com

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

19. Name of Bank
SUNTRUST BANK

20. Address
3865 S. NOVA RD

21. City
PORT ORANGE

22. County
VOLUSIA

23. State
FL

24. Zip Code
32127

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
FRIDAY, JANUARY 11, 2019

26. Signature of Candidate
X Sav Weaver

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

I, SAVANNAH WEAVER, do hereby accept the appointment
(Please Print or Type Name)

gnated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

FRIDAY JANUARY 11 2019 X Sav Weaver
Date Signature of Campaign Treasurer or Deputy Treasurer