

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

JAN 23 2019

CITY OF PORT ORANGE
CITY CLERK

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)

Jonathan Reed Foley

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

629 Herbert St.
Port Orange, FL 32129

4. Telephone

(386) 882-8440

5. E-mail address

johnnyreedfoley@gmail.com

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

Port Orange City Council District 1

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

Jonathan Foley

11. Mailing Address

629 Herbert St.

12. Telephone

(386) 882 8440

13. City

Port Orange

14. County

Volusia

15. State

FL

16. Zip Code

32129

17. E-mail address

johnnyreedfoley@gmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Bank of America

20. Address

3809 S. Nova Rd

21. City

Port Orange

22. County

Volusia

23. State

FL

24. Zip Code

32129

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

1/23/19

26. Signature of Candidate

X 

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

I, Jonathan Foley, do hereby accept the appointment
(Please Print or Type Name)

Designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

1/23/19
Date

X


Signature of Campaign Treasurer or Deputy Treasurer