

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

JAN 24 2020

OFFICE OF THE 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)

ROBERT ANDREW GILLILAND

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

645 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

4. Telephone

(386) 882-5452

5. E-mail address

r.gilliland645@att.net

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

DAYTONA BEACH CITY COMMISSION, ZONE 4

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

LESLEY A. COFFRIN

11. Mailing Address

1317 Mollie Rd

12. Telephone

(609) 775-3194

13. City

DAYTONA Bch

14. County

VOLUSIA

15. State

FL

16. Zip Code

32114

17. E-mail address

min1953now@gmail.com

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

19. Name of Bank

BANK OF AMERICA

20. Address

1550 S. CLYDE MORRIS BLVD

21. City

DAYTONA BEACH

22. County

VOLUSIA

23. State

FL

24. Zip Code

32119

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

1-23-2020

26. Signature of Candidate

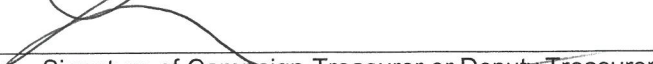
X 

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

I, LESLEY A COFFRIN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/23/2020
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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

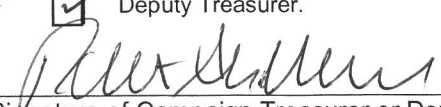
I, ROBERT ANDREW GILLILAND, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1-23-2020

Date

X


Signature of Campaign Treasurer or Deputy Treasurer