

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

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

(PLEASE PRINT OR TYPE)

RECEIVED FEB 21 2020

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)
 Bill Partington

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

4. Telephone **5. E-mail address**
 (386) 871-8232

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

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
 Bill Partington, Senior

11. Mailing Address **12. Telephone**
 54 W. Granada Blvd. (386) 566-3004

13. City Ormond Beach	14. County Volusia	15. State FL	16. Zip Code 32174	17. E-mail address Mayor Bill 2020@gmail.com
---------------------------------	------------------------------	------------------------	------------------------------	--------------------------------------------------------

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

19. Name of Bank **20. Address**
 TD Bank 1280 W. Granada Blvd.

21. City **22. County** **23. State** **24. Zip Code**
 Ormond Beach Volusia FL 32174

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 Candidate**
 2-21-2020 X Bill Partington

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

I, Bill Partington, Sr., do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2-21-2020 X [Signature]
 Date Signature of Campaign Treasurer or Deputy Treasurer