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.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change: Tre	asurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
William C. Hall 4. Telephone 5. E-mail address	JOUTH DYTONE , FC 32119
	FUTH DUTONED, FC 32119
(386) 295-6636 Bill Hall 184@ al Hack, Mar	G0010. 2271
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
MAYOR, CITY OF SOUTH DAYBUX	applicable:
110/100/100/100/100/100/100/100/100/100	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	
William C. Hall	
11. Mailing Address 12. Telephone	
914 Homen DR	
13. City Drytom 14. County 15. State PC	3219 Bill Holl 184 @ allak. com
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 20. Address	
WELLS FARED	2111 So. RAGEWOOD AUC
21. City 22. County VOLUSIA	23. State 24. Zip Code
South DAYTONA VOLUSIA	FL 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 20	6. Signature of Candidate
04/23/20 X Wayfull	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
" William C HALL	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Deputy Treasurer Deputy Treasurer.	
04/23/20 X NAME TO STORY TO ST	
/ Date Signature of Campaign Treasurer or Deputy Treasurer	