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 MAY 0 1 2020

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
[X] Initial Filing of Form   Re-filing to Change: [ ] Treasurer/Deputy [ ] Depository [ ] Office [ ] Party

2. Name of Candidate (in this order: First, Middle, Last)
Susan Summers Persis

3. Address (include post office box or street, city, state, zip code)
Three Tidewater Drive
Ormond Beach, FL 32174

4. Telephone
(386) 294-0404

5. E-mail address
spersis@cflrr.com

6. Office sought (include district, circuit, group number)
Ormond Beach City Commissioner Zone 3

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 [X] Campaign Treasurer [ ] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Thomas Hart

11. Mailing Address
32 Choctaw Trail

12. Telephone
(386) 405-7767

13. City
Ormond Beach

14. County
Volusia

15. State
FL

16. Zip Code
32174

17. E-mail address
tom.hart49@gmail.com

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

19. Name of Bank
Bank of America

20. Address
1454 West Granada Boulevard

21. City
Ormond Beach

22. County
Volusia

23. State
Florida

24. Zip Code
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
May 1, 2020

26. Signature of Candidate
X Susan Summers Persis

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

I, Thomas Hart , do hereby accept the appointment
(Please Print or Type Name)

designated above as: [X] Campaign Treasurer [ ] Deputy Treasurer.

May 1, 2020
Date

X _____
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.