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

RECEIVED

JAN - 6 2021



officer before opening the campaign account.									OFFICE	USE	ONLY	
1. CHECK APPROPRIATE Initial Filing of Form	•	5): filing to Change:	T	reasu	ırer/De	eputy [] Deposito	ry 🔲	Office		Party	
2. Name of Candidate (in t	- 1	3. Address (include post office box or street, city, state, zip										
Jonathan Reed Foley					code) 629 Herbert St.							
4. Telephone	5. E-mail address				Port Orange, FL 32129							
(386)882-8440	johnnyreedfoley@gmail.com											
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if applicable:							
Port Orange City Council, District 1						My intent is to run as a Write-In candidate.						
8. If a candidate for a <u>partisan</u> 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												
Jonathan Reed Foley												
11. Mailing Address						12. Telephone						
629 Herbert St.						(386)-882-8440						
13. City	14. County 15. Sta			ate	16. Zip Code 17. E-mail address							
Port Orange	Volusia FL					32129 johnnyreedfoley@gmail.com					om	
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank					20. Address							
VY Star Credit Union					750 Dunlawton Ave							
21. City	22. County					23. State			24. Zip Code			
Port Orange Volusia						FL			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 2					26. Signature of Candidate							
12/23/2020					X / R Welly							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
ı, Jonathan Reed Foley						, do hereby accept the appointment						
(Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer.												
12/23/2020	12/23/2020 X / A Wy											
Date					Signature of Campaign Treasurer or Deputy Treasurer							