APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

JAN - 7 2021

CITY OF PORT ORANGE CITY CLERK

NOTE: This form must be on file with the qualifying officer before opening the campaign account.										OFF	ICE USE	E ONLY	
1. CHECK APPROPRIATE Initial Filing of Form	•	S): -filing to Change	e: 🔲 T	reası	urer/D	eputy [Dep	ository		Offic		Party	
Name of Candidate (in this order: First, Middle, Last) Marcey Ann Kinney					Address (include post office box or street, city, state, zip code) 408 Lafayette Street								
4. Telephone (386) 795-4365	5. E-mail address marcey1971@gmail.com				Port Orange, FI 32127								
6. Office sought (include of City of Port Orange Co						7. If a car applica	able:				ice, che e-In cand		
8. If a candidate for a <u>par</u>	<u>tisan</u> off	ice, check bloc	k and fill	in na	ame o	of party as	applic	able:	My int	ent is to	run as a		
Write-In No	Party Affi	liation							Pa	arty ca	andidate.		
9. I have appointed the fo	llowing	person to act a	s my	\boxtimes	Cam	paign Tre	asurer		Depu	ty Treas	ırer		
10. Name of Treasurer or [Deputy Tr	easurer								· <u> </u>			
Sarah Jones													
11. Mailing Address					12	. Tele	phone						
44 Woodfield Dr.								(386	290-2	653		
13. City	14. County			15. State 16. Zip Code				17. E-mail address					
Port Orange Volusia			FI	32129 sarahjanejones@mac.com									
18. I have designated the	followin	g bank as my] P	rimary	y Deposito	ory	☐ Se	conda	ry Depo	sitory		
19. Name of Bank				20. /	Addres	SS							
SunTrust Bank					4900 South Clyde Morris Blvd								
21. City		22. County				23. State	,			24. Zip	Code		
Port Orange		Volusia				FI				32129			
UNDER PENALTIES OF PERJUIDESI	RY, I DECL GNATION	ARE THAT I HAVE OF CAMPAIGN DEI	READ THI	E FOR	EGOIN	G FORM FO	OR APPO STATED	INTMENT IN IT ARI	OF CA	MPAIGN	REASUR	ER AND	
25. Date				26. 8	Signat	ure of Ca	ndidate						
1/6/	20.	2_/		X	A	3/							
27. Treasure	r's Acce	ptance of Appo	intment	(fill ir	n the 4	olanks and	check	the app	ropriat	e block)	•		
I, Sarah Jacs (Please Print or Type Name)					, do hereby accept the appointment								
designated above as:	X	Campaign T	,			Deputy Tr	easurer.						
1-7-21 Date	X	Sanah Jonos Signature of Campaign Treasurer or Deputy Treasurer											