

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

CITY OF DEBARY

MAR - 8 2022 *Print*

RECEIVED

(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: Treasurer/Deputy Depository Office Party

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

DONALD JOHN TAYLOR JR

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

4. Telephone

(386) 216-7001

5. E-mail address

donnie_for_debary@gmail.com / 142 EL DORADO DR DEBARY, FL 32713

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

DEBARY CITY COUNCIL SEAT 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 Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

DONALD JOHN TAYLOR JR

11. Mailing Address

142 EL DORADO DR

12. Telephone

(386) 216-7001

13. City

DEBARY

14. County

VOLUSTA

15. State

FL

16. Zip Code

32713

17. E-mail address

donnie_for_debary@gmail.com

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

19. Name of Bank

FAIRWINDS CREDIT UNION

20. Address

2487 ENTERPRISE RD

21. City

ORANGE CITY

22. County

VOLUSTA

23. State

FL

24. Zip Code

32763

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

3-8-22

26. Signature of Candidate

X [Signature]

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

I, *DONALD JOHN TAYLOR JR*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3-8-22

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer