

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

MAY 03 2022

OFFICE OF THE CITY CLERK

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)

Malcolm L. Williams

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

1006 Libby Ave  
Daytona Beach, Fl. 32114

4. Telephone

( 386 ) 255-4076

5. E-mail address

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

Daytona Beach City Commissioner Zone 5

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

Malcolm Williams

11. Mailing Address

1006 Libby Ave.

12. Telephone

( 386 ) 255-4076

13. City

Daytona Beach

14. County

Volusia

15. State

FL

16. Zip Code

32114

17. E-mail address

18. I have designated the following bank as my

☐ Primary Depository

☐ Secondary Depository

19. Name of Bank

Southstate Bank

20. Address

1950 W. ISB

21. City

Daytona Beach

22. County

Volusia

23. State

Florida

24. Zip Code

32114

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

4-8-2022

26. Signature of Candidate

X

*Malcolm Williams*

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

I, Malcolm Williams, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer.

☐ Deputy Treasurer.

4-8-22

Date

X

*Malcolm Williams*  
Signature of Campaign Treasurer or Deputy Treasurer