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.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	reasurer/Deputy
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Caurie 1 - Friend	ZI Palm CASTUR Dr. Port Orange, FI. 32127
4. Telephone 5. E-mail address	Port Orange, FI 32127
386)2818637 aunietrona (Panail	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
City Council District 1	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 Aurie Friend	
11. Mailing Address 71 Poly (ASHE Dr. Por	32127 12. Telephone + Orange Fl. (386) 2818637
13. First Orange 14. County 15. St.	ate 16. Zip Code 17. E-mail address 1 32127 Qurie Friend (Agnail
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address 3860 5. NOVA Rd.
21. City Port Dance Volusi	a 23. State 1. 24. Zip Code 32127
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	26. Signature of Candidate
5 23 2027	x & aurie a. (-rue de
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer	Deputy Treasurer.
5/23/2027 X	Signature of Campaign Treasurer of Deputy Treasurer