## 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.

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OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository 2. Name of Candidate (in this order; First, Middle, Last) 3. Address (include post office box or street, city, state, zip FREDERICK W. (TED) NOF TALL

4. Telephone 5. E-mail address 857 CNICKADÉE DR (386)566-1424 KED CREDNOFTALL, COM PORT DRAWGE FL 32127

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

7. If a candidate for a population of the contract of the 7. If a candidate for a nonpartisan office, check if applicable: Volusia County Council - DISTRICT 3 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 Deputy Treasurer Campaign Treasurer 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone 215 LETSURE CRCLE (380)

13. City

14. County

15. State

16. Zip Code

17. E-mail address

PORT OR ANGE

10. LUSIA

FL 32127

HNOFFAUC (386)SOO / 13. City 18. I have designated the following bank as my Primary Depository 19. Name of Bank 20. Address DUNLAWTON HUE,

23. State 24. Zip Code 22. County 21. City VOLUCIA 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 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. (Please Print or Type Name) , do hereby accept the appointment designated above as: Campaign Treasurer. Deputy Treasurer. 6-14-2022 Signature of Campaign Treasurer or Deputy Treasurer