

**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):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**  
Sarah Soule Jones

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

**4. Telephone**  
( 386 ) 290-2653

**5. E-mail address**  
sarahjanejones@mac.com

44 Woodfield Dr  
Port Orange, FL32129

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

Port Orange City Council, District 2

**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**  
Robert Reinlagen

**11. Mailing Address**  
1425 Dexter Dr, North

**12. Telephone**  
( 386 ) 756-6844

**13. City**  
Port Orange

**14. County**  
Volusia

**15. State**  
FL

**16. Zip Code**  
32129

**17. E-mail address**  
reinlagenr@yahoo.com

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

**19. Name of Bank**  
Truist

**20. Address**  
3865 S Nova Rd

**21. City**  
Port Orange

**22. County**  
Volusia

**23. State**  
FL

**24. Zip Code**  
32129

**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**

May 4, 2023

**26. Signature of Candidate**

X Sarah Jones

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

I, Robert P. Reinlagen, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

4 May 2023  
Date

X Robert P Reinlagen  
Signature of Campaign Treasurer or Deputy Treasurer