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.						The second secon		O STEEL STREET	UFFIC	E USE UNLI
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository ' Office Party Party										
2. Name of Candidate (in this order: First, Middle, Last) Sarah Soule Jones					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 <u>nonpartisan</u> 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 Sarah Jones										
11. Mailing Address 44 Woodfield Dr 12. Telephone (386) 290-2653										
13. City Port Orange	14. County Volusia		15. State FL		16. 32	Zip Code 29 17. E-mail address sarahjanejones@mac.com			om	
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		AND HER PERSON OF THE	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 2					26. Signature of Candidate					
May 4, 2023					x Sarah Jones					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
Sarah Jones , do hereby accept the appointment										
(Please Print or Type Name)										
designated above as: Campaign Treasurer. Deputy Treasurer.										
Date X Social John Signature of Campaign Treasurer or Deputy Treasurer										