

**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 filing 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):
(Please Print or Type Name)

Krista Nicole Goodrich

3. Address (include PO Box or Street, City, State, Zip Code):

2800 S. Peninsula Drive
Daytona Beach FL 32118

4. Telephone:

(386) 341-8557

5. Candidate's Voter Registration #:

124780545

(not required for qualifying purposes)

6. Email Address:

kristagoodrich4volusiaschools@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

District 2 Volusia County School Board

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ _____ Party candidate.

10. I have appointed the following person to act as my:

☐ Campaign Treasurer

☒ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Krista Goodrich

12. Telephone:

(386) 341-8557

13. Email Address:

kristagoodrich4volusiaschools@gmail.com

14. Mailing Address:

2800 S. Peninsula Drive

15. City:

Daytona Beach

16. State:

FL

17. Zip Code:

32118

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Southstate Bank NA

20. Address:

1950 W. International Speedway Blvd

21. City:

Daytona Beach

22. County:

Volusia

23. State:

FL

24. Zip Code:

32114

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: 7/10/24

26. Signature of Candidate:

X 

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

I, Krista Goodrich do hereby accept the appointment designated above as:
(Please Print or Type Name)

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date: 7/10/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 