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

opening the earnpaigh account.	OFFICE OSE ONET
1. CHECK APPROPRIATE BOX(ES):	
☑ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasur	The state of the s
 Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name) 	3. Address (include PO Box or Street, City, State, Zip Code):
(Flease Fillit of Type Name)	
BRYAN Scott Stiltner	
4. Telephone: 5. Candidate's Voter Registra	ation #: 6. Email Address:
(386) 871-4663 108778963 (not required for qualifying purpos	
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box
Mayor, City or Port Orange	if applicable: ☐ I intend to run as a Write-In Candidate.
9. If a candidate for <u>partisan</u> office, check the box and fill in t	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	
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
BRYAN Scott Stiltner	(386)871-4663 scottstillner 17egmail.a
14. Mailing Address: 15. Cit	16. State: 17. Zip Code:
	Fz.
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository	
19. Name of Bank: Vy Star Credit Union 21. City: 22. Co	20. Address: 750 DUNIANTON AVE.
21. City: 22. Co	unty: 23. State: 24. Zip Code:
Port Orange Vol	unty: 23. State: 24. Zip Code: 32127
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.	
or Date	26. Signature of Candidate:
25. Date: 01-25-24	X Bryw S. Sittne
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)	
BryAN Scott Stiltner	
(Please Print or Type Name)	_do hereby accept the appointment designated above as:
Campaign Treasurer.	Deputy Treasurer.
	29. Signature of Campaign Treasurer of Deputy Treasurer
28. Date: 01-25-24	X Buyer & Stiltne
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.