

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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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)

Cassandra An Gonyer

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

221 College Park Dr.
Daytona Beach, FL 32114

4. Telephone:

(561) 685-1955

5. Candidate's Voter Registration #:

120206640

(not required for qualifying purposes)

6. Email Address:

gonyerscience@gmail.com

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

Volusia County School Board, District 2

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:

GARY A. MOLL

12. Telephone:

(740) 624-5113

13. Email Address:

gmollepa@gmail.com

14. Mailing Address:

1292 POTOMAC DR.

15. City:

MERRITT ISLAND

16. State:

FL

17. Zip Code:

32952

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

19. Name of Bank:

20. Address:

21. City:

22. County:

23. State:

24. Zip Code:

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:

6/23/24

26. Signature of Candidate:

X



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

I, Gary Moll do hereby accept the appointment designated above as:

(Please Print or Type Name)

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

6/23/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X

