

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
FEB 18 2022
RF

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)

Jonathan Reed Foley

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

739 Horseman Dr.

4. Telephone

(386) 882-8440

5. E-mail address

office@reedfoley.com

Port Orange, FL 32127

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

Port Orange City Council, District 1

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 Edwin Brett

11. Mailing Address

450 Merrimac Drive

12. Telephone

(386) 882-2633

13. City

Port Orange

14. County

Volusia

15. State

FL

16. Zip Code

32127

17. E-mail address

Office@EdwinBrett.com

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

19. Name of Bank

Vystar Credit Union

20. Address

750 Dunlawton Ave.

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

2-18-22

26. Signature of Candidate

X *J R Foley*

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

I, Edwin Brett, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2-18-22

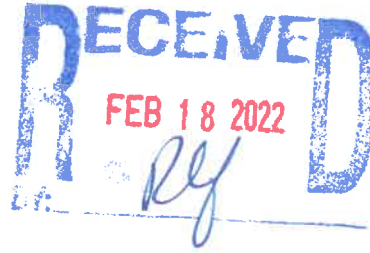
Date

X

Edwin Brett

Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)
Jonathan Reed Foley

3. Address (include post office box or street, city, state, zip code)
739 Horseman Drive
Port Ornage, FL 32127

4. Telephone
(386) 882-8440

5. E-mail address
office@reedfoley.com

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Port Orange City Council District 1

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Jonathan Reed Foley

11. Mailing Address
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12. Telephone
(386) 882-8440

13. City **14. County** **15. State** **16. Zip Code** **17. E-mail address**
 Port Orange Volusia FL 32127 office@reedfoley.com

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20. Address
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 Port Orange Volusia FL 32129

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25. Date **26. Signature of Candidate**
 2-18-22 X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, Jonathan Reed Foley, do hereby accept the appointment
 (Please Print or Type Name)

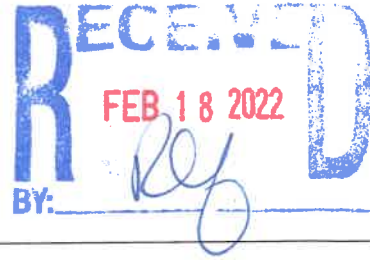
designated above as: Campaign Treasurer Deputy Treasurer.

2-18-22 X
 Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY



I, Reed Foley,
candidate for the office of Port Orange City Council, District I
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X J R Foley
Signature of Candidate

2/18/22
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).