

**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.

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)

Sarah Soule Jones

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

44 Woodfield Dr.

4. Telephone

(386) 290-2653

5. E-mail address

sarah.jane.jones@mac.com

Port Orange, FL 32129

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

Port Orange City Council Dist 2

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

Sarah Soule Jones

11. Mailing Address

above

12. Telephone

()

13. City

14. County

15. State

16. Zip Code

17. E-mail address

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

19. Name of Bank

SunTrust Bank

20. Address

113 E. Granada Blvd.

21. City

Ormond Beach

22. County

Volusia

23. State

FL

24. Zip Code

32176

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

Aug 15, 2017

26. Signature of Candidate

X Sarah Jones

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

I, Sarah Jones, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8/15/17

Date

X Sarah Jones

Signature of Campaign Treasurer or Deputy Treasurer

#1

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED AUG 17 2017 BY: [Signature]

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

[X] Initial Filing of Form Re-filing to Change: [] Treasurer/Deputy [] Depository [] Office [] Party

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

Sarah Soule Jones

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

44 Woodfield Dr Port Orange, FL 32129

4. Telephone

(386) 290-2653

5. E-mail address

sarahjanejones@mac.com

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

Port Orange City Council, Dist 2

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 [X] Campaign Treasurer [] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer LAURA HILSENBECK

11. Mailing Address 1112 Riverside Dr.

12. Telephone (386) 843-3972

13. City Holly Hill 14. County VOLUSIA 15. State FL 16. Zip Code 32117 17. E-mail address laura@turnstoneconsulting.net

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

19. Name of Bank SunTrust Bank 20. Address 113 E. Granada Blvd.

21. City Ormond Bch 22. County VOLUSIA 23. State FL 24. Zip Code 32176

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 Aug 15, 2017

26. Signature of Candidate X Sarah Jones

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

I, Laura Hilsenbeck, do hereby accept the appointment (Please Print or Type Name)

designated above as: [X] Campaign Treasurer [] Deputy Treasurer.

8/15/17 Date

X Laura Hilsenbeck Signature of Campaign Treasurer or Deputy Treasurer

#2

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, Sarah Soule Jones,

candidate for the office of Port Orange City Council, District 2

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Sarah Jones
Signature of Candidate

August 17 2017
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).