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 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) 3. Address (include post office box or street, city, state, zip code) 907 NIXON LN SAVANNAH WEAVER PORT ORANGE FL 32129 5. E-mail address SAJANNAHWEAVER YPOCC (386)2121389 @ GMAIL.COM 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: DISTRICT I COUNCIL MEMBER 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 lame of Treasurer or Deputy Treasurer SAVANNAH WEAVER 11. Mailing Address 12. Telephone 907 NIXON LN (386)217 1389 13. City 14. County 17. E-mail address Savannah Weaver 4 POCC Camail Com 15. State 16. Zip Code PORT ORANGE | VOLUSIA 32129 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address SUNTRUST BANK 3865 S. NOVA RD 21. City 22. County 23. State 24. Zip Code PORT ORANGE VOLUSIA 32127 UNDER PENALTIES OF PERJURY, I DECLARE THAT! 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 26. Signature of Candidate FRIDAY JANUARY 11 2019 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. SAVAN WAH WEAVER , do hereby accept the appointment (Please Print or Type Name) gnated above as: Campaign Treasurer Deputy Treasurer. ature of Campaign Treasurer or Deputy Treasurer

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	ficer before opening the campaign account. OFFICE USE			
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)	3. Address (include post office box or street, city, stat	3. Address (include post office box or street, city, state, zip		
SAVANNAH WEAVER	Code) 401 NIXON LN	code) 907 NIXON LN		
4. Telephone 5. E-mail address PUKI OKANGE FL 32129				
(386) 212 1389 CAMAIL.COM				
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, ch	7. If a candidate for a <u>nonpartisan</u> office, check if		
DICTOLOT I COUNTELL WAS	annlicable:	annlicable:		
DISTRICT I COUNCIL MEMBER 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				
lame of Treasurer or Deputy Treasurer MARJ ORIE ANN RUSSO				
11. Mailing Address 12. Telephone				
419 N. VIRGINIA AVE		14 1		
13. City 14. County 15. State 16. Zip Code 17. E-mail address				
DELAND VOLUSIA FL 32724 ANNIE 62970@gmail.com				
18. I have designated the following bank as my Primary Depository Secondary Depository				
19. Name of Bank 20. Address				
SUNTRUST BANK	3865 S. NOVA RD			
21. City PORT ORANGE VOLUSIA	23. State 24. Zip Code			
	FL 32127			
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 26. Signature of Candidate				
FRIDAY, JANUARY 11, 2019 X SQUIL Degwer				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
(Please Print or Type Name) AnnRUSD do hereby accept the appointment				
gnated above as: Campaign Treasurer Deputy Treasurer.				
X / Chr				
Date ' '	Signature of Campaign Treasurer or Deputy Treasurer			

STATEMENT OF CANDIDATE

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

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CITY OF PORT ORANGE CITY CLERK

I, <u>SAVANNAH</u>	WEAVER	
candidate for the office of _(CITY OF PORT ORANGE COUNCIL MEMBER DISTRICT 1;	
have been provided access to read and understand the requirements of		
Chapter 106, Florida Statutes	S.	
× San Weaver	FRIDAY JAN 11 2010	
Signature of Candi	date 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).