

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

RECEIVED

MAY 1 2020

CITY OF PORT ORANGE
CITY CLERK

(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
Port Orange, FL 32129**
4. Telephone **(386) 290-2653** 5. E-mail address **sjsjl@mac.com**

6. Office sought (include district, circuit, group number) **Mayor Port Orange**
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 **Robert Reinbogen**

11. Mailing Address **1425 Dexter Dr North** 12. Telephone **(386) 750-6844**

13. City **Port Orange** 14. County **Volusia** 15. State **FL** 16. Zip Code **32129** 17. E-mail address **reinbogenr@yahoo.com**

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

19. Name of Bank **SunTrust** 20. Address **4900 S. Clyde Morris Blvd**

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 **5-1-20** 26. Signature of Candidate **X Sarah Jones**

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

designated above as: Campaign Treasurer Deputy Treasurer.
1 May 2020 **X Robert P Reinbogen**
Date Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code)
 Sarah Soule Jones 44 Woodfield Dr

4. Telephone 5. E-mail address
 (386) 290-2658 sjsjl@mac.com Port Orange, FL 32129

6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable:
 Mayor Port Orange My intent is to run as a Write-In candidate.

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 Write-In No Party Affiliation _____ Party candidate.

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10. Name of Treasurer or Deputy Treasurer
 Sarah Jones - self

11. Mailing Address 12. Telephone
 44 Woodfield Dr, Port Orange ()

13. City 14. County 15. State 16. Zip Code 17. E-mail address
 Port Orange Volusia FL 32129 sjsjl@mac.com

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25. Date 26. Signature of Candidate
 5-1-20 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.

5-1-20 X Sarah Jones
 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, Sarah Jones

candidate for the office of Mayor of Port Orange

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Sarah Jones
Signature of Candidate

May 1, 20
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).