

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

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

(PLEASE PRINT OR TYPE)

MAY 18 11:58 AM

**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)

Joseph Scott Dugan

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

113 S. Halifax Dr.  
Ormond Beach, FL 32176

**4. Telephone**

(386) 631-0389

**5. E-mail address**

gorodd21@yahoo.com

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

Ormond Beach Zone 2 City Commission

**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**

Lois Spiess

**11. Mailing Address**

209 Osceda Ave

**12. Telephone**

(386) 405-0315

**13. City**

Ormond Beach

**14. County**

Volusia

**15. State**

FL

**16. Zip Code**

32176

**17. E-mail address**

scn1@bellsouth.net

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

First Green Bank

**20. Address**

175 W. Granada Blvd.

**21. City**

Ormond Beach

**22. County**

Volusia

**23. State**

FL

**24. Zip Code**

32174

**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**

5/10/18

**26. Signature of Candidate**

X 

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

I, Lois Spiess (Please Print or Type Name) do hereby accept the appointment

designated above as:     Campaign Treasurer     Deputy Treasurer.

05-10-2018

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer