

**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.

Rec'd 10/2/23

12:08 p.m

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)

Jason Ward Johnson

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

2431 Versailles Avenue
Winter Park, FL 32789

4. Telephone

(407) 415-8465

5. E-mail address

jason@jasonforwinterpark.com

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

Winter Park City Commission, Seat 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

Aaron Stearns

11. Mailing Address

2420 Versailles Avenue

12. Telephone

(321) 214-4520

13. City

Winter Park

14. County

Orange

15. State

FL

16. Zip Code

32789

17. E-mail address

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

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

10/2/2023

26. Signature of Candidate

X

Jason Ward Johnson

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

I, Aaron Stearns, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

10/2/2023
Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer



Routing # 021 201 383

Name & Mailing Address

JASON W JOHNSON

2431 VERSAILLES AVE
WINTER PARK, FL

32789-0000

SV (initials) New Account information verified

PERSONAL SIGNATURE CARD

Signatures Required 1 / 2

Account Title JASON W JOHNSON CAMPAIGN ACCT FOR WINTER PARK COUNTY COMMISSIONER

Account Type ND SV CD IRA

Account #

Signer No. 1 Mr. Mrs. Miss Ms.

Mother's Maiden Name CITY SV

Relationship Code

JTO

O = Own

Home Address

2431 VERSAILLES AVENUE

City

WINTER PARK, FL

State

Zip

32789

How Long?

Home Phone

Date of Birth

Employer

Occupation

090 = Attorneys

Business Phone

Place of Birth

Business Address

Form of ID 1

Copy

Form of ID 2

Copy

eFunds ChexSystems

Authorized Signature

Taxpayer Id#

Non-Res Alien?

Email Address

Signer No. 2 Mr. Mrs. Miss Ms.

Mother's Maiden Name

Relationship Code

Home Address

City

State

Zip

How Long?

Home Phone

Date of Birth

Employer

Occupation

Business Phone

Place of Birth

Business Address

Form of ID 1

Copy

Form of ID 2

Copy

eFunds ChexSystems

Authorized Signature

Taxpayer Id#

Non-Res Alien?

Email Address

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee underreporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I (we) hereby authorize Valley to open the bank account type and number listed above and further acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

10/03/2023

\$0.00

8681

279

Date Closed

Funds Type

SUSAN BENDICKSON

Referring Employee

Household #

Date Opened

Initial Deposit

Teller#

Br#

Branch Representative 1

Branch Representative 2

POWER OF ATTORNEY

By signing this power of attorney, I (or, if there are 2 or more signers, each of us) appoint _____ as my (our) attorney-in-fact in connection with my (our) account# _____ at Valley National Bank (which will be called "you"). This means that the attorney-in-fact is empowered to do any act whatsoever related to the account that I (either of us) could do (such as making withdrawals, signing endorsements and making deposits). The signature of the attorney-in-fact is set forth below. This power of attorney will remain effective until you receive a written notice from me (either of us) that revokes the power of attorney. This power of attorney will not be affected by my (our) disability.

Signature of Depositor

Date

Signature of Depositor

Date

Signature of Attorney-in-fact

Date

ID of Attorney-in-fact

Address of Attorney-in-fact

REVOCACTION OF POWER OF ATTORNEY

By signing below, I revoke the power of attorney given on this account.

UTMA (Pull up/Print separate agreement)

Signature of Depositor

Date

Signature of Depositor

Date

Successor Custodian Name

SPECIAL INSTRUCTIONS

State of _____

County of _____ SS.

On this _____ day of _____ 20____ before me, the undersigned, personally appeared _____

_____ who, I am satisfied is/are the person(s) who signed the foregoing instrument, and he/she/they did acknowledge that he/she/they signed, sealed and delivered the same as his/her/their voluntary act and deed, for the uses and purposes expressed in the instrument.