

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

OFFICE USE ONLY

(PLEASE TYPE)

*Rec'd 5/3/10*

CHECK APPROPRIATE BOX:



Original Appointment



Deputy Treasurer



Reappointment of Treasurer

Name of Candidate

*LORI M. Gillooly*  
*hnt# 386-672-7267*

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

*Ormond Beach FL*  
*40 Sycamore Circle 32174*

Telephone (optional)

*(386) 295-9928*

2. Party (Partisan candidates only)

*NIA*

3. Office (add district, circuit, group number)

*MAYOR*

I have appointed the following person to act as my



Campaign Treasurer



Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

*LYNN BALABAN*

5. Mailing Address (If post office box or drawer add street address)

*433 Silver Beach Ave #101*

6. Telephone

*386-238-8680*

7. City

*Daytona Beach*

8. County

*Volusia*

9. State

*FL*

10. Zip Code

*32118*

I have designated the following named bank as my



Primary Depository



Secondary Depository

11. Name of Bank

*Florida Capital*

12. Street Address

*1305 Berille Road*

13. City

*Daytona Beach*

14. County

*Volusia*

15. State

*FL*

16. Zip Code

*32119*

17. Signature of Candidate

*X [Signature]*

Date

*4/30/2010*

Campaign Treasurer's Acceptance of Appointment

I, *Lynn Balaban*, do hereby accept the appointment as  
(Please Print or Type)



Campaign Treasurer



Deputy Treasurer

for the campaign of

*LORI M. GILLOOLY*

who is seeking nomination or election as a

*NIA*

(Party)

candidate to the office of

*Mayor*

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

*5/2/10*  
Date



*[Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

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

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(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment

Deputy Treasurer

Reappointment of Treasurer

Name of Candidate

LORI M. GILLOOLY  
386-672-7267 hxt

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

40 Sycamore Circle  
Ormond Beach FL 32174

Telephone (optional)

(386) 295-9928

2. Party (Partisan candidates only)

N/A

3. Office (add district, circuit, group number)

MAYOR

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

LORI M. GILLOOLY

5. Mailing Address (if post office box or drawer add street address)

40 Sycamore Circle

6. Telephone

386-295-9928

7. City

Ormond Beach

8. County

VOLUSIA

9. State

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32174

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12. Street Address

1305 Berille Road

13. City

Daytona Beach

14. County

VOLUSIA

15. State

FL

16. Zip Code

32119

17. Signature of Candidate

X Lori M. Gillooly

Date

4/30/2010

**Campaign Treasurer's Acceptance of Appointment**

I, LORI M. GILLOOLY, do hereby accept the appointment as  
(Please Print or Type)

Campaign Treasurer

Deputy Treasurer

for the campaign of

LORI M. GILLOOLY

who is seeking nomination or election as a

N/A

candidate to the office of

(Party)

MAYOR

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

4/30/2010

Date

X Lori M. Gillooly

Signature of Campaign Treasurer or Deputy Treasurer