

Redactions have been made pursuant
to Fla. Stat. Section 119.071(z)(II)(A)(B)

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED
OCT - 9 2025
CITY CLERK

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Judy Mollica

3. Address (include PO Box or Street, City, State, Zip Code):

██████████
Delray Beach, FL 33444

4. Telephone:

(██████████) ██████████

5. Candidate's Voter Registration #:

██████████
(not required for qualifying purposes)

6. Email Address:

JudyMollica@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Delray Beach City Commission Seat 2

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Judy Mollica

12. Telephone:

██████████ ██████████

13. Email Address:

JudyMollica@gmail.com

14. Mailing Address:

██████████

15. City:

Delray Beach

16. State:

FL

17. Zip Code:

33444

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Paradise Bank

20. Address:

1351 N Federal Highway

21. City:

Delray Beach

22. County:

Palm Beach

23. State:

FL

24. Zip Code:

33483

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: 10-9-2025

26. Signature of Candidate:

X *Judy Mollica*

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

I, Judy Mollica do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

10/9/25

29. Signature of Campaign Treasurer or Deputy Treasurer

X *Judy Mollica*