

**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.

**RECEIVED
CITY CLERK'S OFFICE**

JAN 21 REC'D

**COCOA BEACH
FLORIDA**

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)

KARALYN DAWN WOOLAS

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

100 DELEON RD
COCOA BEACH, FL 32931

4. Telephone

(321) 794-4651

5. E-mail address

karwoolas@gmail.com

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

Commissioner Seat 5

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

Karalyn Woolas

11. Mailing Address

100 DELEON RD

12. Telephone

(321) 794-4651

13. City

COCOA BEACH, FL

14. County

Brevard

15. State

FL

16. Zip Code

32931

17. E-mail address

karwoolas@gmail.com

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

19. Name of Bank

Sunrise Bank

20. Address

5604 N. ATLANTIC AVE

21. City

Cocoa Beach

22. County

Brevard

23. State

FL

24. Zip Code

32931

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

January 21, 2026

26. Signature of Candidate

X Karalyn Woolas

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

I, KARALYN WOOLAS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/21/26
Date

X Karalyn Woolas
Signature of Campaign Treasurer or Deputy Treasurer

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FLORIDA

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Karalyn Woodas,

candidate for the office of Commissioner Seat 5;

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

X

Karalyn Woodas
Signature of Candidate

1/21/24
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).