

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

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

(PLEASE PRINT OR TYPE)

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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)

Sheree H. Lancaster

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

4. Telephone

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5. E-mail address

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

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

Sheree H. Lancaster

11. Mailing Address

12. Telephone

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13. City

14. County

15. State

16. Zip Code

17. E-mail address

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

19. Name of Bank

Seacoast Bank

20. Address

1502 E Wade Street

21. City

Trenton

22. County

Gilchrist

23. State

Florida

24. Zip Code

32693

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

8/10/2023

26. Signature of Candidate

Sheree H. Lancaster

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

I, Sheree H. Lancaster, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer.

Deputy Treasurer.

8/10/2023

Sheree H. Lancaster

Date

Signature of Campaign Treasurer or Deputy Treasurer