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.			OFFICE USE ONLY						
1. CHECK APPROPRIATE I Initial Filing of Form	BOX(ES): Re-filing to Change	e: 🔲 Tre	easurer/D	eputy [] Depositor	, _□	Office		Party
2. Name of Candidate (in th	nis order: First, Middle,	Last)	3. Add	ress (includ	e post office	box or s	treet, city,	state,	zip
Phillip Russell Dykes		code) 2605 Transmitter Rd Panama City Florida 32404							
4. Telephone	5. E-mail address								
(850) 7850059 p	ordykes@comcast.r	net							İ
6. Office sought (include district, circuit, group number) Commissioner Ward2 City of Spring it eld Town as a Write-In candidate. 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 parti	<u>san</u> office, check bloc	k and fill i	in name c	of party as	applicable:	My inte	ent is to ru	n as a	
Write-In No Party AffiliationParty candidate.									
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer									
10. Name of Treasurer or De April Lynn Erickson	eputy Treasurer								
11. Mailing Address						12. Telej	ohone		
4246 Yorkshire Dr					1	(850)	703-10	30	
13. City	3. City 14. County 15. S			ate 16. Zip Code 17. E-mail address					
Chipley	oley Washington Florid		a 32428 kaptndavesgirl@			aol.com			
18. I have designated the f	following bank as my	\boxtimes	Primar	y Deposito	y 🔲	Seconda	ry Deposi	tory	
19. Name of Bank	1	20. Address							
Suntrust		638 Harrison Ave							
21. City	· · · · · · · · · · · · · · · · · · ·			23. State			24. Zip 0 32401	Code	
Panama City	anama City Bay					Florida			
UNDER PENALTIES OF PERJUR DESIG	RY, I DECLARE THAT I HAVI GNATION OF CAMPAIGN D	E READ THE EPOSITORY	FOREGOII	NG FORM FO	R APPOINTME STATED IN IT	NT OF CA	MPAIGN TR 	REASUR	ER AND
25. Date	26. Signature of Candidate								
/1/8/19	7		X	wills) lus	ull (ln		
27. Treasure	r's Acceptance of App	oointment	(fill in the	blanks and	check the a	ppropria	te block)		
I ,	t (fill in the blanks and check the appropriate block) , do hereby accept the appointment								
	(Please Print or Type	Name)			·-				
designated above as:	Campaign	Treasurer		Deputy Tre	easurer.				
11/8/20	19	\mathbf{X}/λ	oril	Kun	ME EU	de	W		
Date)		Signature	of Campai	gn Treasure	r or Depu	ıty Treasu	rer	