

**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 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)

Thomas Hayes Cook

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

4512 Tender Creek Cove  
Panama City Florida, 32409

**4. Telephone**

(850 ) 774-7449

**5. E-mail address**

Tcook270@gmail.com

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

County Commissioner District 4

**BAY TIR**

**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    ☒ Republican Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Jill Daniel Sanders

**11. Mailing Address**

114 Lake Merial Shores Drive

**12. Telephone**

( 678 ) 576-7929

**13. City**

Southport

**14. County**

Bay

**15. State**

Florida

**16. Zip Code**

32409

**17. E-mail address**

Jillpill64@gmail.com

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Trustmark

**20. Address**

2315 Highway 77

**21. City**

Lynn Haven

**22. County**

Bay

**23. State**

Florida

**24. Zip Code**

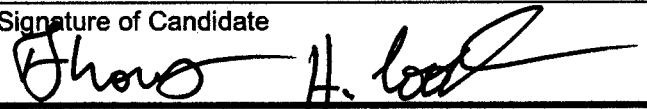
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**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

08/20/2020

**26. Signature of Candidate**

**X** 

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

I, Jill Daniel Sanders, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

8/20/2020  
Date

**X**

  
Signature of Campaign Treasurer or Deputy Treasurer