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 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): 3. Address (include PO Box or Street, City, State, Zip Code):								
(Please Print or Type Name) Traci Lynn Phillips				1100 N Ottawa Avenue, Lecanto, FL 34461				
4. Telephone:	5. Candidate's Voter Registration #: 6. Email Address:							
(352)232-5589	(not required for qualifying purpose		phillips4clerk@gmail.com					
7. Office Sought (include district, circuit, group, or seat #):			8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:					
Clerk of the Circuit Court and Comptroller			☐ 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.								
10. I have appointed the following person to act as my:								
11. Name of Treasurer or Deputy Treasurer:			12. Tel	elephone:		13. Email Address:		
Tabitha Wells			(352)212-076			tabitha@wellsbizsolutions.com		
14. Mailing Address:		15. City:			16. S1	ate:	17. Zip Code:	
217 N Apopka Ave		Inverness		FL			34450	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository								
19. Name of Bank: Brannen Bank		20. Address: 320 Hwy 41 S						
21. City:		22. County:		1.11.7 11.0	23. State:		24. Zip Code:	
Inverness		Citrus	-	FL			34450	
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: 01/03/2024			26. Signature of Candidate:					
25. Date. 01/03/8024		X raci Dynn Chellin						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
Tabitha Wells do haraby account the appointment designated above as:								
do hereby accept the appointment designated above as: (Please Print or Type Name)							iated above as:	
☑ Campaign Treasurer. ☐ Deputy Treasurer.								
2857				29. Signature of Campaign Treasurer of Deputy Treasurer				
28. Date: 01/03/2024			X Jabitha Wells					
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.								