

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

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

(PLEASE PRINT OR TYPE)

24 JAN 3 12:54PM

**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 CARLOS HARRELL

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

946 DEEDRA AVE
PENSACOLA, FL 32514

4. Telephone

(850)
982-1579

5. Candidate's Voter Registration #:

103921087
(Not required for Qualifying Purposes)

(Not required for Qualifying Purposes) - **Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):

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

ESCAMBIA SCHOOL BOARD DISTRICT 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

THOMAS C. HARRELL

11. Telephone

(850) 982-1579

12. Mailing Address

946 DEEDRA AVE

13. City

PENSACOLA

14. State

FL

15. Zip Code

32514

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

17. Name of Bank

PENAIR CREDIT UNION

18. Address

1495 EAST NINE MILE RD

19. City

PENSACOLA

20. County

ESCAMBIA

21. State

FL

22. Zip Code

32514

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.

23. Date

1/3/2024

24. Signature of Candidate

X Thomas C. Harrell

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

I, THOMAS C. HARRELL, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

1/3/2024
Date

X Thomas C. Harrell
Signature of Campaign Treasurer or Deputy Treasurer