APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES
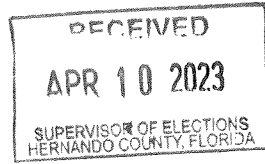
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

RECEIVED
APR 10 2023
SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FLORIDA

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)
Gina Marie Phillips

3. Address (include post office box or street, city, state, zip code)
996 Hill Flower Dr.
Brooksville, Fl 34604

4. Telephone
(352) 397-8271

5. E-mail address
ginaphillips352@gmail.com

6. Office sought (include district, circuit, group number)
School Board - District 4

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
Sim Aria

11. Mailing Address
968 Hill Flower Dr.

12. Telephone
(917) 4854806

13. City
Brooksville

14. County
Hernando

15. State
FL

16. Zip Code
34604

17. E-mail address
simaria81@yahoo.com

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

19. Name of Bank
Suncoast Federal Credit Union

20. Address
18915 Cortez Blvd.

21. City
Brooksville

22. County
Hernando

23. State
FL

24. Zip Code
34601

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
4/6/23

26. Signature of Candidate
X _Gina Phillips_

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

I, Sim Aria _____, do hereby accept the appointment
(Please Print or Type Name)

designated above as: [✓] Campaign Treasurer.   [ ] Deputy Treasurer.

04/06/2023
Date

X _Sim Aria_
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.