

**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):  
(Please Print or Type Name)

JENNIFER A. SULLIVAN

3. Address (include PO Box or Street, City, State, Zip Code):

P.O. Box 75127  
Spring Hill, FL 34606

4. Telephone:

(352) 410-4484

5. Candidate's Voter Registration #:

104481689  
(not required for qualifying purposes)

6. Email Address:

jsgreen cat99@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

School Board District 2

8. If a candidate for a nonpartisan office, check the box if applicable:

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.     \_\_\_\_\_ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer     Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

CHRISTINE ADKINS

12. Telephone:

(352) 442-1218

13. Email Address:

CHRISTINEADKINS4@gmail.com

14. Mailing Address:

8014 Picketts Court

15. City:

Weeki Wachee

16. State:

Florida

17. Zip Code:

34613

18. I have designated the following bank as my (check appropriate box):  Primary Depository     Secondary Depository

19. Name of Bank:

Trust

20. Address:

3236 Barclay Ave

21. City:

Spring Hill

22. County:

Hernando

23. State:

FL

24. Zip Code:

34609

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:

4/1/24

26. Signature of Candidate:

X

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

I, CHRISTINE ADKINS do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.     Deputy Treasurer.

28. Date:

4/1/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X