

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.

RECEIVED

2024 JUN -5 AM 10:11

MANATEE COUNTY
SUPERVISOR OF ELECTIONS
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)

THOMAS WATSON DELL

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

2261 50TH ST CIR E.
PALMETTO FLA.
34221

4. Telephone:

841 780-6631

5. Candidate's Voter Registration #:

105439044
(not required for qualifying purposes)

6. Email Address:

TOMDELL@HOTMAIL.COM

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

SUPERVISOR OF ELECTION

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. ☐ Republican Party candidate.

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

11. Name of Treasurer or Deputy Treasurer:

BRENDA K. DELL

12. Telephone:

841 713-9786

13. Email Address:

14. Mailing Address:

2261 50TH ST CIR E

15. City:

PALMETTO

16. State:

FL

17. Zip Code:

34221

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

19. Name of Bank:

SOUTH STATE

20. Address:

410 8TH AVE W

21. City:

PALMETTO

22. County:

MANATEE

23. State:

FL

24. Zip Code:

34221

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: 5/31/2024

26. Signature of Candidate:

X Thomas W. Dell

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

I, BRENDA K. DELL

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

6-3-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Brenda K. Dell