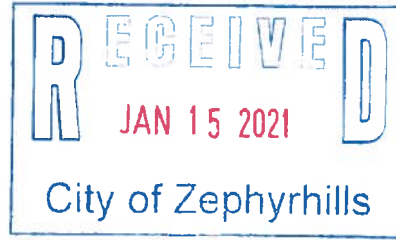


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



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

**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)

Jodi Wilkeson

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

5816 18th Street  
Zephyrhills, FL 33542

**4. Telephone**

(813 ) 782-4592

**5. E-mail address**

jwilkeson@aol.com

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

City Council Seat 3

**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**

Theresa Sommers

**11. Mailing Address**

5318 8th Street

**12. Telephone**

( 813 ) 788-3369

**13. City**

Zephyrhills

**14. County**

Pasco

**15. State**

FL

**16. Zip Code**

33542

**17. E-mail address**

theresa@tsommers.com

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

**19. Name of Bank**

CenterState Bank

**20. Address**

6930 Gall Blvd.

**21. City**

Zephyrhills

**22. County**

Pasco

**23. State**

Florida

**24. Zip Code**

33542

**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**

01/15/2021

**26. Signature of Candidate**

X Theresa Sommers

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

I, Theresa Sommers, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

01/15/2021

Date

X Theresa Sommers

Signature of Campaign Treasurer or Deputy Treasurer