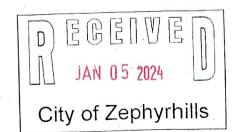
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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

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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) Jodi Wilkeson	3. Address (include PO Box or Street, City, State, Zip Code): 5816 18th Street Zephyrhills, FL 33542						
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:							
813) 997-7194 106409111 (not required for qualifying purpose			jwilkeson@aol.com				
7. Office Sought (include district, circuit, group, or seat #): Zephyrhills Council Seat 3 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:	12. Telephone:			13. Email Address:			
Jodi Wilkeson	(813)997-7194 jwilkeson@aol.com					son@aol.com	
14. Mailing Address:	15. City		***************************************		ate:	17. Zip Code:	
5816 18th Street	Zephyrhills		ills	F	_	33542	
18. I have designated the following bank as my (check appropriate box): I Primary Depository							
19. Name of Bank: SouthState Bank	20. Address: 6920 Gall Blvd.						
21. City:	22. County:			23. State:		24. Zip Code:	
Zephyrhills	VI	asco				33542	
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: 1-5-2024	26. Signature of Candidate:						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)							
I,do hereby accept the appointment designated above as: (Please Print or Type Name)							
Campaign Treasurer.							
Date: 1-5-2024 29. Signature of Campaign Treasurer of Deputy Treasurer 29. Signature of Campaign Treasurer of Deputy Treasurer						of Deputy Treasurer	
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.							