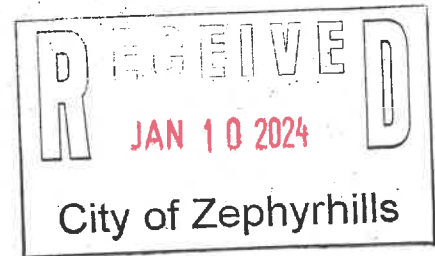


APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(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)

Jodi Wilkeson

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

5816 18th Street
Zephyrhills, FL 33542

4. Telephone:

(813)997-7194

5. Candidate's Voter Registration #:

106409111

(not required for qualifying purposes)

6. Email Address:

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:

Theresa Sommers

12. Telephone:

(813)788-3369

13. Email Address:

theresa@tsommers.com

14. Mailing Address:

5316 8th Street

15. City:

Zephyrhills

16. State:

FL

17. Zip Code:

33542

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

19. Name of Bank:

SouthState Bank

20. Address:

6920 Gall Blvd.

21. City:

Zephyrhills

22. County:

Pasco

23. State:

FL

24. Zip Code:

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:

01/05/24

26. Signature of Candidate:

X

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

Theresa Sommers

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer

Deputy Treasurer

28. Date:

1/9/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X