

**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)

Dell deChant

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

6119 Illinois Ave  
New Port Richey, FL 34653

**4. Telephone:**

(727) 849-1626

**5. Candidate's Voter Registration #:**

106355444

(not required for qualifying purposes)

**6. Email Address:**

ddechant@tampabay.rv.com

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

City Council NPA

**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

**Name of Treasurer or Deputy Treasurer:**

PATRICIA JONES

**12. Telephone:**

(727) 992 6406

**13. Email Address:**

PJONESCPA@GMAIL.COM

**14. Mailing Address:**

6406 Ridge Top Dr

**15. City:**

New Port Richey

**16. State:**

FL

**17. Zip Code:**

34655

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

**19. Name of Bank:**

TRUIST BANK

**20. Address:**

1424 Seven Springs Blvd

**21. City:**

New Port Richey

**22. County:**

PASCO

**23. State:**

FL

**24. Zip Code:**

34655

**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:**

February 1, 2024

**26. Signature of Candidate:**

X

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

I, PATRICIA JONES

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**2b. Date:**

2/1/24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X

Patricia Jones