

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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

SUPERVISOR OF ELECTIONS SERVICE CENTER  
**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)

Erica Hope Lynford

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

2658 Midland Court  
Palm Harbor, Fl. 34684

**4. Telephone:**

(727 )224-2978

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

106868707

(not required for qualifying purposes)

**6. Email Address:**

fortcamp@aol.com

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

Palm Harbor Special Fire Control and Rescue District 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:**

Erica Lynford

**12. Telephone:**

(727 )224-2978

**13. Email Address:**

fortcamp@aol.com

**14. Mailing Address:**

2658 Midland Court

**15. City:**

Palm Harbor

**16. State:**

FL

**17. Zip Code:**

34684

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

**19. Name of Bank:**

South State Bank

**20. Address:**

35320-U-S-Hwy-19-N

**21. City:**

Palm Harbor

**22. County:**

Pinellas

**23. State:**

FL

**24. Zip Code:**

34684

**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:** 12/14/2023

**26. Signature of Candidate:**

X 

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

I, Erica Lynford do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 12/14/2023

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

X 