

**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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SUPERVISOR OF ELECTIONS
ELECTION SERVICE CENTER

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)

Shyla Peleste Sams

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

*4747 15th Ave South
St. Petersburg, FL 33711*

4. Telephone

(727) 743-4383

5. E-mail address

shylasams@yahoo.com

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

*Pinella County
School Board; District 7; Single Member*

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

Shyla Sams

11. Mailing Address

4747 15th Ave South

12. Telephone

(727) 743-4383

13. City

St. Petersburg

14. County

Pinellas

15. State

FL

16. Zip Code

33711

17. E-mail address

shylasams@yahoo.com

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

19. Name of Bank

Wells Fargo

20. Address

2000 49th St. South

21. City

Gulfport

22. County

Pinellas

23. State

FL

24. Zip Code

33707

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

7/7/2017

26. Signature of Candidate

X *Shyla Sams*

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

I, *Shyla Sams*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

7/7/2017
Date

X *Shyla Sams*
Signature of Campaign Treasurer or Deputy Treasurer