

**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, Celeste, 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)

*Pinellas 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

2001 49th St. South

21. City

Clearwater

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

5/1/2018

26. Signature of Candidate

X *Shyla C. Sams*

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

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

designated above as:

Campaign Treasurer Deputy Treasurer.

5/1/2018

Date

X *Shyla C Sams*

Signature of Campaign Treasurer or Deputy Treasurer