

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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MAY 22 '24 AM 11:48

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)

Melissa Dian Thorne

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

1700 Salvadore St. Deland, FL
32720

4. Telephone:

(415) 595-7778

5. Candidate's Voter Registration #:

127664334
(not required for qualifying purposes)

6. Email Address:

mthorneyoga@gmail.com

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

State Committeewoman

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. ☒ Republican Party candidate.

10. I have appointed the following person to act as my: ☒ Campaign Treasurer ☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Melissa D. Thorne

12. Telephone:

(415) 595-7778

13. Email Address:

mthorneyoga@gmail.com

14. Mailing Address:

1700 Salvadore St

15. City:

Deland

16. State:

FL

17. Zip Code:

32720

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

19. Name of Bank:

Mainstreet Community Bank

20. Address:

1500 North Spring Garden Avenue

21. City:

Deland

22. County:

Volusia

23. State:

FL

24. Zip Code:

32720

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: May 22, 2024

26. Signature of Candidate:

X Melissa D Thorne

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

I, Melissa D. Thorne do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X