

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)

LAMBERT JAMES ANDERSON

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

464 WESTERN AVE.
PIERSON, FL. 32180

4. Telephone:

(386) 717-3143

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

Suzanneandjimmy@att.net

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

PIERSON TOWN COUNCIL
SEAT 4

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:

MARISSA GREEN

12. Telephone:

(386) 490-2714

13. Email Address:

marissagreen990@yahoo.com

14. Mailing Address:

464 WESTERN AVE.

15. City:

PIERSON

16. State:

FL.

17. Zip Code:

32180

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

19. Name of Bank:

SURETY BANK

20. Address:

106 CENTER ST.

21. City:

PIERSON

22. County:

VOLUSIA

23. State:

FL.

24. Zip Code:

32180

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:

3/19/24

26. Signature of Candidate:

X Lambert James Anderson

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

I, MARISSA GREEN do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

Date:

3/19/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Marissa Green