

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

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

(PLEASE PRINT OR TYPE)

007 1 19 4 2129

**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)**

Anita Dawn Burnette

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

P.O. Box 290001  
Port Orange FL  
32129

**4. Telephone**

386 8525513

**5. E-mail address**

Anita-forsb2@gmail.com

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

Volusia County School Board District 2

**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**

Anita Burnette

**11. Mailing Address**

3443 Country walk Dr

**12. Telephone**

( )

**13. City**

Port Orange

**14. County**

Volusia

**15. State**

FL

**16. Zip Code**

32129

**17. E-mail address**

Anita-forsb2@gmail.com

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

**19. Name of Bank**

Vystar

**20. Address**

**21. City**

Port Orange

**22. County**

Volusia

**23. State**

FL

**24. Zip Code**

32127

**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**

10-1-19

**26. Signature of Candidate**

X Anita Burnette

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

I, Anita Burnette, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

10-1-19

Date

X Anita Burnette

Signature of Campaign Treasurer or Deputy Treasurer