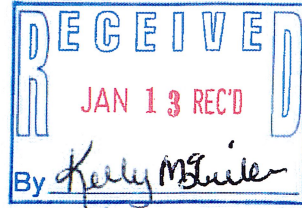


**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)



(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the 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)**

SHYRIKA LAZELL MORRIS

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

541 WASHINGTON STREET  
NEW SMYRNA BEACH, FL  
32108

**4. Telephone**

(386) 631-5551

**5. E-mail address**

PEACE.ARTS.STUDIOS@GMAIL.COM

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

ZONE 4 COMMISSIONER

**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**

SHYRIKA MORRIS

**11. Mailing Address**

541 WASHINGTON STREET

**12. Telephone**

(386) 631-5551

**13. City**

NEW SMYRNA BEACH

**14. County**

VOLUSIA

**15. State**

FL

**16. Zip Code**

32108

**17. E-mail address**

peace.arts.studios@gmail.com

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

**19. Name of Bank**

TD BANK

**20. Address**

1811 STATE RD 44

**21. City**

NEW SMYRNA BEACH

**22. County**

VOLUSIA

**23. State**

FLORIDA

**24. Zip Code**

32108

**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**

1-13-2020

**26. Signature of Candidate**

X Shyrika Morris

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

I, SHYRIKA MORRIS, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer

1-13-2020

Date

X

Shyrika Morris  
Signature of Campaign Treasurer or Deputy Treasurer