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

officer before opening the d	ampan	gii account.							UFFICE	USE	CIALL	
1. CHECK APPROPRIATE BOX(ES):												
Initial Filing of Form	Re-f	iling to Change:	Т	reasu	urer/De	eputy [∑ Deposit	ory 🗌	Office		Party	
2. Name of Candidate (in this		3. Address (include post office box or street, city, state, zip										
Debbie Ann Phillips						code) PO Box 730903						
4. Telephone 5	phone 5. E-mail address					Ormond Beach, FL 32173						
(386) 259-0858 DPhillips 4 State committee woman @gmail.com												
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if						
Republican State Committeewoman						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 ☒ Republican Party candidate.												
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer												
Cheryl Taaffe												
11. Mailing Address 12. Telephone												
6611 Mansour Ln. (386) 478-6533												
13. City	14. County		15. State		16. Zip Code 17. E-mail addre			ail address				
Port Orange Volusia F			FL		32128 ctmt0214@yahoo.com							
18. I have designated the following bank as my Primary Depository Secondary Depository												
						0. Address						
Wells Fargo Bank						100 W. Granada Blvd.						
1. City		22. County			23. State				24. Zip Code			
Ormond Beach	ond Beach Volusia					FL			32174			
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 26. Signature of Candidate												
7/13/20 X						Selent (1 Phillips)						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
Cheryl Taaffe , do hereby accept the appointment												
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer												
7/9/2020 X/ Ally () ankee												
Date Signature of Campaign Treasurer or Deputy Treasurer												