

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

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

(PLEASE PRINT OR TYPE)

VOL SUP OF ELECTIONS
MAY 19 '22 AM 9:58

**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)

Jessica Julia Thompson

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

107 Dee Street
New Smyrna Beach, Florida 32168

4. Telephone

(386) 530-0443

5. E-mail address

jessicajuliathompson@gmail.com

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

Volusia County School Board District 3

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

Kim Bailes

11. Mailing Address

1103 Hays Street

12. Telephone

(850) 212-0226

13. City

Tallahassee

14. County

Leon

15. State

Florida

16. Zip Code

32301

17. E-mail address

noreen@pacfm.net

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

19. Name of Bank

Truist Bank

20. Address

3522 Thomasville Road

21. City

Tallahassee

22. County

Leon

23. State

Florida

24. Zip Code

32309

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

5-17-2022

26. Signature of Candidate

X 

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

I, Kim Bailes, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

5/16/22
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer