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**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)

Elizabeth Chavez

3. Address (include PO Box or Street, City, State, Zip Code):1971 Algonquin Avenue
Deltona, FL 32725**4. Telephone:**

(321) 203-9520

5. Candidate's Voter Registration #:

108586261

(not required for qualifying purposes)

6. Email Address:

launicalisa@yahoo.com

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

For commissioner seat district 2, Deltona

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**11. Name of Treasurer or Deputy Treasurer:**

Elizabeth Chavez

12. Telephone:

(321) 203-9520

13. Email Address:

LAUNICALISA@YAHOO.COM

14. Mailing Address:

1971 Algonquin Avenue

15. City:

Deltona

16. State:

FL

17. Zip Code:

32725

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository**19. Name of Bank:**

Truist

20. Address:

2602 Enterprise Road

21. City:

Orange City

22. County:

Volusia

23. State:

FL

24. Zip Code:

32763

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: 01/16/2024**26. Signature of Candidate:**X **27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate box)I, Elizabeth Chavez do hereby accept the appointment designated above as:
(Please Print or Type Name)☒ Campaign Treasurer.☐ Deputy Treasurer.**28. Date:** 01/16/2024**29. Signature of Campaign Treasurer or Deputy Treasurer**X 