

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

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

(PLEASE PRINT OR TYPE)

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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)

Sarah Ann Marzilli

3. Address (include PO Box or Street, City, State, Zip Code):

415 Pine Woods Road
Ormond Beach, Florida 32174

4. Telephone:

(813) 895-2025

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

marzilli2024@gmail.com

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

School Board District 4

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:

Sarah Ann Marzilli

12. Telephone:

(813) 895-2025

13. Email Address:

marzilli2024@gmail.com

14. Mailing Address:

415 Pine Woods Road

15. City:

Ormond Beach

16. State:

Florida

17. Zip Code:

32174

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Wells Fargo

20. Address:

1100 W. Granada Blvd.

21. City:

Ormond Beach

22. County:

Volusia

23. State:

Florida

24. Zip Code:

32174

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: 03/11/24

26. Signature of Candidate:

X Sarah Marzilli

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

I, Sarah Marzilli do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 03/11/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Sarah Marzilli