

**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)

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:

Sheri Lekan

12. Telephone:

(386) 843-2966

13. Email Address:

marzilli2024@gmail.com

14. Mailing Address:

149 Ann Rustin Dr, Ormond

15. City:

Ormond Bch

16. State:

FL

17. Zip Code:

32176

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, Sheri Lekan

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

3-11-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Sheri Lekan