

**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**

**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)

SHYRIKA LAZELL MORRIS

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

541 WASHINGTON STREET  
NEW SMYRNA BEACH, FLORIDA  
32168

4. Telephone

(386) 631-5551

5. E-mail address

SHYMORRIS4NSB@gmail.com

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

ZONE 4 COMMISSIONER

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

DANIEL HUBBELL THATCHER

11. Mailing Address

108 S. PENINSULA AVE., APT B, NEW SMYRNA BCH, 32169

12. Telephone

(407) 225-8221

13. City

NEW SMYRNA BCH

14. County

VOLUSTA

15. State

FL

16. Zip Code

32169

17. E-mail address

shthatcher@outlook.com

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

19. Name of Bank

TD Bank

20. Address

1811 State Road 44

21. City

NEW SMYRNA BCH

22. County

VOLUSTA

23. State

FL

24. Zip Code

32168

**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

1-13-2020

26. Signature of Candidate

X Shyriaka Morris

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

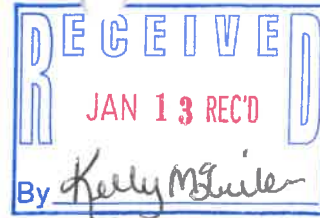
I, DANIEL HUBBELL THATCHER, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

1/13/2020  
Date

X Daniel Thatcher  
Signature of Campaign Treasurer or Deputy Treasurer

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SHYRIKA LAZELL MORRIS

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

541 WASHINGTON STREET  
NEW SMYRNA BEACH, FL  
32108

**4. Telephone**

(386) 631-5551

**5. E-mail address**

shymorris@ngsb@gmail.com

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

ZONE 4 COMMISSIONER

**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.

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**10. Name of Treasurer or Deputy Treasurer**

SHYRIKA MORRIS

**11. Mailing Address**

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**12. Telephone**

(386) 631-5551

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**14. County**

VOLUSIA

**15. State**

FL

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32108

**17. E-mail address**

peace.arts.studios@gmail.com

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TD BANK

**20. Address**

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**21. City**

NEW SMYRNA BEACH

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**25. Date**

1-13-2020

**26. Signature of Candidate**

X Shyriaka Morris

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

I, SHYRIKA MORRIS, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer     Deputy Treasurer

1-13-2020

Date

X Shyriaka Morris  
Signature of Campaign Treasurer or Deputy Treasurer