

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

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

(PLEASE PRINT OR TYPE)

RECORDED
ELECTIONS
DIVISION
2026 APR 22 A 11:47

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)

Elena Clarice Thompson

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

165 Tulane Way
Tallahassee FL 32317

4. Telephone:

(850) 7283627

5. Candidate's Voter Registration #:

120633204
(not required for qualifying purposes)

6. Email Address:

elenathompson850@gmail.com

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

Fallschase CDD seat #1

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate. *el*

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:

Do not intend to raise funds

12. Telephone:

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13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

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

19. Name of Bank:

20. Address:

21. City:

22. County:

23. State:

24. Zip Code:

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:

4/22/2026

26. Signature of Candidate:

X *Elena Thompson*

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

I, _____ do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

2026 APR 22 A 11:47

OFFICE USE ONLY

I, Elena Thompson,

candidate for the office of Fallschase CDD seat #1;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

I swear or affirm that I meet, or will meet at the time of election for the office sought or at the time of assuming the office, as applicable, all statutory and constitutional qualifications for the office sought.

Elena Thompson

Signature of Candidate

4/22/2026

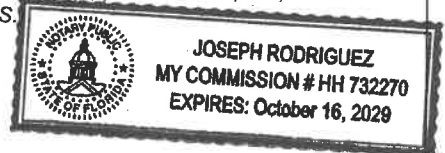
Date

STATE OF FLORIDA

COUNTY OF Leon

[Signature]
Signature of Officer Administering Oath

Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)



Sworn to (or affirmed) and subscribed before me by means of

online notarization OR physical presence

this 22nd day of April, 2026.

Personally Known OR Produced Identification

Type of Identification Produced: Florida DL

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).