## 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):  Light Initial Filing of Form Re-filing to Change:  Treasurer/Deputy Depository Office Party											
2. Name of Candidate (in		3. Address (include post office box or street, city, state, zip									
Dejeon Cain					code) 3705 SW 27 ST APT 1215						
4. Telephone	5. E-mail address				Gainesville 32608						
( 352 ) 663-7849	cdejeor	n@gmail.com									
Office sought (include district, circuit, group number)     Alachua county Commission District 1					7. If a candidate for a <u>nonpartisan</u> 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 ☒						Democrat		Par	ty ca	ndidate.	
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer Yolanda Brown											
11. Mailing Address 12. Telephone											
1931 Cordova Road Suite 2016 (954) 533-9196											
13. City	14. County 15					S. Zip Code 17. E-mail address					
Ft Lauderdale	Browar FL		FL		33316 yolanda@brownfinancialc					nsultants.com	
18. I have designated the	followin	ıg bank as my	×			y Depository	y 🗆	Seco	ndary Dep	ository	
19. Name of Bank Bank of America					20. Address 3200 N University Drive						
21. City 22. County			02001110			23. State			24. Zip C	?ode	
Coral Springs					FL.				33065		
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					26. Signature of Candidate						
5/17/202				X	x 7/2.						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Yolanda Brown							, do hereb	у ассер	pt the appo	ointment	
(Please Print or Type Name)											
designated above as:	$\boxtimes$	Campaign Tre	asurer.			Deputy Tr	easurer.				
5/17/2023 <b>X</b>						Golanda Brown					
Date				Signature of Campaign Treasurer or Deputy Treasurer							