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.

2020 JUN 09 PM04:59

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

[X] Initial Filing of Form   Re-filing to Change: [ ] Treasurer/Deputy   [ ] Depository   [ ] Office   [ ] Party

2. Name of Candidate (in this order: First, Middle, Last)
Robert W. Brinkman

3. Address (include post office box or street, city, state, zip code) 1815 SE 50th St. Gainesville, FL 32641

4. Telephone (352) 318-4934

5. E-mail address robertwBrinkman@gmail.com

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

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
[X] Write-In   [ ] No Party Affiliation   [X] Democrat _____ Party candidate.

9. I have appointed the following person to act as my [X] Campaign Treasurer   [ ] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Robert W. Brinkman

11. Mailing Address
1815 SE 50th St.

12. Telephone (352) 318-4934

13. City Gainesville

14. County Alachua

15. State FL

16. Zip Code 32641

17. E-mail address robertwbrinkman@gmail.com

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

19. Name of Bank Renasant Bank

20. Address 4373 W. Newberry Rd.

21. City Gainesville

22. County Alachua

23. State Florida

24. Zip Code 32607

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 June, 9 2020

26. Signature of Candidate X Robert W. Brinkman

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

I, Robert W. Brinkman _____ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: [X] Campaign Treasurer   [ ] Deputy Treasurer.

6/9/2020
Date

X Robert W. Brinkman
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.