

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

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

(PLEASE PRINT OR TYPE)

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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)

Andrea Lashae Fant

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

P.O. Box 24  
melbourne, Florida 32902-0024

**4. Telephone:**

(321) 368-6036

**5. Candidate's Voter Registration #:**

113005601  
(not required for qualifying purposes)

**6. Email Address:**

Fant.Andrea@yahoo.com

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

County Judge, 18th Circuit, Group 8

**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:**

Ebonie Denise Williams

**12. Telephone:**

(321) 960-0651

**13. Email Address:**

eboniedenisewilliams@yahoo.com

**14. Mailing Address:**

1079 Basque Drive

**15. City:**

Rockledge

**16. State:**

Florida

**17. Zip Code:**

32955

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

**19. Name of Bank:**

Regions Bank

**20. Address:**

105 Palm Bay Rd NE

**21. City:**

West Melbourne

**22. County:**

Brevard

**23. State:**

Florida

**24. Zip Code:**

32904

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:**

6/28/25

**26. Signature of Candidate:**

X 

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

I, Ebonie Denise Williams

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

**28. Date:**

6/28/25

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 