

AMENDED

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

2023 NOV 21 AM 11:04

AMENDED

NOTE: This form must be on file with the filing officer before opening the campaign account.

BROWARD COUNTY COMMISSIONER OF ELECTIONS

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)

Kathleen Elaine Angione

3. Address (include PO Box or Street, City, State, Zip Code): P.O. Box 25, Pompano Beach, FL 33061

4. Telephone: (954) 557-3767

5. Candidate's Voter Registration #: 1032702 101515892 (not required for qualifying purposes)

6. Email Address: AngioneKathleen@gmail.com

7. Office Sought (include district, circuit, group, or seat #): County Court Judge - Group 16

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: Kathleen Elaine Angione

12. Telephone: (954) 557-3767

13. Email Address: AngioneKathleen@gmail.com

14. Mailing Address: P.O. Box 25

15. City: Pompano Beach

16. State: FL

17. Zip Code: 33061

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

19. Name of Bank: Truist Bank

20. Address: 110 S. Federal Highway

21. City: Deerfield Beach

22. County: Broward

23. State: FL

24. Zip Code: 33441

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: 11/21/23

26. Signature of Candidate:

X [Handwritten Signature]

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

I, Kathleen Elaine Angione (Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer. Deputy Treasurer.

28. Date: 11/21/23

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Handwritten Signature]