

**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 qualifying 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)

*Kristen Burke*

3. Address (include post office box or street, city, state, zip code)

*1812 CR209B  
Green Cove Springs, FL 32043*

4. Telephone

*(904) 338-8207*

5. E-mail address

*spine98dcr@aol.com*

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

*District 5 County Commissioner*

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

Write-In

No Party Affiliation

*Republican*

Party candidate.

9. I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

*Kristen Burke*

11. Mailing Address

*1812 CR209B*

12. Telephone

*(904) 338-8207*

13. City

*Green Cove Springs*

14. County

*Clay*

15. State

*FL*

16. Zip Code

*32043*

17. E-mail address

*spine98dcr@aol.com*

18. I have designated the following bank as my

Primary Depository

Secondary Depository

19. Name of Bank

*VYSTAR CU*

20. Address

*601 N. Orange Avenue*

21. City

*Green Cove Springs*

22. County

*Clay*

23. State

*FL*

24. Zip Code

*32043*

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

*5/1/23*

26. Signature of Candidate

**X**

*Kristen Burke*

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

I, *Kristen Burke*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer.

Deputy Treasurer.

*5/1/23*

Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer