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.

RECEIVED

OCT 0 1 2021

DUVAL COUNTY ELEC.
By _____

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)
Norman K Brewer Jr

3. Address (include post office box or street, city, state, zip code) 6688 Green land Chase Blvd Jacksonville, FL 32258

4. Telephone
(904)9105728

5. E-mail address
BREWERFORJAX@gmail.com

6. Office sought (include district, circuit, group number)
City Council District 11

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
Norman Brewer JR

11. Mailing Address
6688 GREEN LAND CHASE BLVD

12. Telephone
(904)910-5728

13. City	14. County	15. State	16. Zip Code	17. E-mail address
JACKSONVILLE	DUVAL	FL	32258	BREWERFORJAX@GMAIL.COM

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank
REGIONS BANK

20. Address
9356 SAN JOSE BLVD

21. City	22. County	23. State	24. Zip Code
JACKSONVILLE	DUVAL	FL	32257

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.
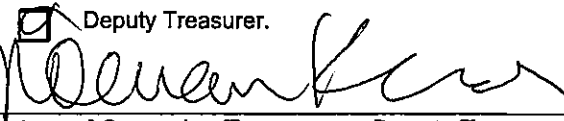
25. Date
10/1/21

26. Signature of Candidate
X _____

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

I, _____ Norman K Brewer JR _____, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

10/1/21
Date

X _____
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.