

**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 filing officer before opening the campaign account.

RECEIVED

MAR 18 2024

DUVAL COUNTY ELEC.

By CF

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)

Brooke Brady

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

[REDACTED]

**4. Telephone:**

[REDACTED]

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

103805540

(not required for qualifying purposes)

**6. Email Address:**

[REDACTED]

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

County Court Judge, Group 2

**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:**

Brooke Brady

**12. Telephone:**

[REDACTED]

**13. Email Address:**

[REDACTED]

**14. Mailing Address:**

[REDACTED]

**15. City:**

[REDACTED]

**16. State:**

[REDACTED]

**17. Zip Code:**

[REDACTED]

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

**19. Name of Bank:**

Florida Capital Bank

**20. Address:**

10151 Deerwood Park Blvd

**21. City:**

Jacksonville

**22. County:**

Duval

**23. State:**

Florida

**24. Zip Code:**

32256

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:**

3/18/2024

**26. Signature of Candidate:**

X Brooke Brady

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

I, Brooke Brady  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

3/18/2024

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

X Brooke Brady