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

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officer before opening the campaign account.	OFFICE USE ONLY
1 CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change: 🔲 T	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
KATRINA L. BROWN	code) 9539 CARBONDALE
4. Telephone 5. E-mail address Chatran	.1 <i>DR E</i>
() borownesto com	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
District 8 city count	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fil	
☐ Write-In ☐ No Party Affiliation ☐ 1	Party candidate.
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer KATRINA L. Brown	
11. Mailing Address	12. Telephone
9539 CARBONDALE DRE.	()
JACKSONUINE DUVAL FL	ate 16. Zip Code 17. E-mail address 32208 Obrownento Chotmail
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank VISTAR Chadt Union	1831 DUAN AUE
TACKSONUILLE DUUAL	23. State 24. Zip Code 32218
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 1.0	26. Signature of Candidate
3-5-18	X Kest B
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, KATRINA BROWN (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasure	r Deputy Treasurer.
3-5-18 XK	afri Bri
Date	Signature of Campaign Treasurer or Deputy Treasurer