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.



officer before opening the campaign account.					OFFICE USE ONLY						
1. CHECK APPROPRIATE BOX(ES):											
☐ Initial Filing of Form	Re	e-filing to Change:	: 🔳 T	reasu	ırer/D	Deputy [Depository	<u>'</u>] Office	☐ Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						
Pat Brayton					code) 205 Alpine Circle						
4. Telephone (352) ⁷⁹⁶⁻⁴⁸⁴⁰	5. E-mail address				Brooksville, FL 34601						
	pbrayto	ayton@tampabay.rr.com									
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
City of Brooksville City Council Seat #5					applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a											
☐ Write-In ☐ No Party Affiliation ☐								Par	ty car	ndidate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer Pat Brayton											
11. Mailing Address				12. T	elephone						
205 Alpine Circle (352) 796-4840										-4840	
13. City	14. County Hernando		15. St	ate	1	Zip Code 17. E-mail address					
Brooksville			FL		34601 pbrayton@			@tan	ampabay.rr.com		
18. I have designated the following bank as my											
					20. Address						
					1187 S Broad St						
21. City 22. County Hernando					23. State FL				24. Zip C	ode	
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 26. Signature of Candidate											
<i>a</i> ,					26. Signature of Candidate						
S[17/22 X @ D my)											
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
, do hereby accept the appointment											
(Please Print or Type Name)											
designated above as:		Campaign Trea	asurer.			Deputy Tr	easurer.				
5/17/22 X 88-8-11											
Date					Signature of Campaign Treasurer or Deputy Treasurer						