

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

REC'D SOE NOV 12 '19 PM 1:54

(PLEASE PRINT OR TYPE)

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)

Sonja Patric Brookins

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

1720 SE Lambright St
Tampa, Fla 33610

4. Telephone

(813) 4164505

5. E-mail address

votesonjabrookins2020@gmail.com

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

Hillsborough Co.
Soil and Water Conservation District 4

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 _____ Party candidate.

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

Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Sonja Brookins

11. Mailing Address

1720 SE Lambright St

12. Telephone

(813) 4164505

13. City

Tampa

14. County

Hillsborough

15. State

FL

16. Zip Code

33610

17. E-mail address

votesonjabrookins2020@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Sarcoast Credit Union

20. Address

1920 E. Hillsborough Ave

21. City

Tampa

22. County

Hillsborough

23. State

Fla

24. Zip Code

33610

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

11-12-19

26. Signature of Candidate

X 

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


I, Sonja Brookins, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11-12-19

Date

X


Signature of Campaign Treasurer or Deputy Treasurer