## 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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NOTE: This form must lofficer before opening the	lifying					OFFICE	E USE	ONLY			
1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party											
Name of Candidate (in this order: First, Middle, Last)     Kimberly Dianne Overman				code)	3. Address (include post office box or street, city, state, zip code)  4610 N. Central Avenue						
4. Telephone (813 ) 720-7719	5. E-mail add		nan.cor	Tampa, FL 33603							
6. <b>Office sought</b> (include of Hillsborough County C		7. If a candidate for a <u>nonpartisan</u> office, check if applicable:  My intent is to run as a Write-In candidate.									
8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> My intent is to run as a  Write-In No Party Affiliation Democratic Party candidate.											
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer											
10. Name of Treasurer or Deputy Treasurer  Sengthan BRILL  11. Mailing Address											
Tr. Mailing / Jack 033	106 -	-\$15	12. Telephone (B17) 785 6335  te 16. Zip Code 17. E-mail address 33407 Somether Calsolutions grou								
13. City THMPA	15. Sta	ite 16.	. Zip Code 3 60 7	17. E-mail:	address	a/50/w	tions.	grou			
18. I have designated the			X		ary Depositor			ary Deposito	7		
19. Name of Bank				20. Addr							
Centennial Bank 21. City 22. County				4600 vv	/. Kennedy	***************************************		74 7: 0	<u></u>		
Tampa		. County Isborough			23. State FL			24. Zip Co 33609	oae		
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 ジ/スつ	26. Signa	26. Signature of Candidate  X gm ber L. Ve men									
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I,	***************************************	, do hereby accept the appointment									
designated above as:		Campaign T	reasurer		Deputy Tre	easurer,				į	
10/5/202/ Date		-	X	Signatur	2 of Campai	ign Treasurer	r or Deni	th, Treasur	~	Merchine	
/	<i>*</i>		A STATE OF THE PARTY OF THE PAR	Olymanar	3 Or Carripan	All Heasmen	Oi Deba	ty incasure	21		