

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

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

(PLEASE PRINT OR TYPE)

REC'D SOE FEB 1 '21 PM 3:16

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 P. BROOKINS** 3. Address (include post office box or street, city, state, zip code) **1720 SE Lambright Street Tampa, FL 33610**

4. Telephone **(813) 4164505** 5. E-mail address **sonjabrookins@gmail.com**

6. Office sought (include district, circuit, group number) **County Commissioner Seat 7** 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 **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 **SONJA P. BROOKINS**

11. Mailing Address **1720 SE Lambright Street** 12. Telephone **(813) 4164505**

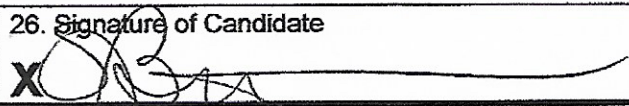
13. City **Tampa** 14. County **Hillsborough** 15. State **FL** 16. Zip Code **33610** 17. E-mail address **sonjabrookins@gmail.com**

18. I have designated the following bank as my Primary Depository Secondary Depository


19. Name of Bank **Bank of America** 20. Address **1933 E. Hillsborough Ave**

21. City **Tampa** 22. County **Hillsborough** 23. State **FL** 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 **2-1-2021** 26. Signature of Candidate 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, **SONJA P. BROOKINS**, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
2-1-2021 
Date Signature of Campaign Treasurer or Deputy Treasurer