APPOINTMENT OF CAMPAIGN TREASURE AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	R
(PLEASE PRINT OR TYPE)	RECD SOE NOV 18 '22 pm 3/37
NOTE: This form must be on file with the qualify officer before opening the campaign account.	ing OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change:	] Treasurer/Deputy Depository 🖸 Office Departy
2. Name of Candidate (in this order: First, Middle, Last) SONGA P Brook ns 4. Telephone (813)4164505 Son jabrookins@gnail.om 3. Address (include post office box or street, city, state, zip 1720 SE Lambright St Tanpa, Fla 33610	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
District 1 City Counc	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 <u>Democratic</u> Party candidate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
	5. State 16. Zip Code 17. E-mail address
Tanpa Hillsborouch	H 33610 son abrookins Cancel, con
18. I have designated the following bank as my	
19. Name of Bank Trwist	20. Address 3705 E. BayDr
21. City Largo Finellas	$C_{a} \qquad \begin{array}{c} 23. \text{ State} \\ H \\ \end{array} \qquad \begin{array}{c} 24. \text{ Zip Code} \\ 33.77 \\ \end{array}$
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 12-18-22	26. Signature of Candidate
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, Sonth P Brookins, do hereby accept the appointment (Please Print or Type Name)	
designated above as:	
11-18-22 X	107
Date	Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.