APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES				OSC SOE APR11910:21								
(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.									OFFICE	E 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)					ddress (inclu	de post o	office box	x or sti	reet, city,	state,	zip	
Katrina Scarborough				^{code)} 6043 Lake Lizzie Dr								
4. Telephone	5. E-mail address			St. 0	Cloud, FL	34771						
(407) 709-3776	kwinf@)aol.com										
6. Office sought (include district, circuit, group number) Osceola County Property Appraiser					 7. If a candidate for a <u>nonpartisan</u> 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 E	Deputy T	reasurer										
Katrina Scarborough 11. Mailing Address							12	Teleph	2000			
6043 Lake Lizzie Dr									709-377	76		
13. City 14. County 15. S												
St Cloud	Osceola FL		FL		34771 kwinf@aol.com							
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank				20. Address								
Centennial Bank				625 No	625 North Central Ave							
21. City Kissimmee	ee Osceola			23. State 24. Zip Code								
					FL				84741			
UNDER PENALTIES OF PERJUI DESI	GNATION	OF CAMPAIGN DE	READ TH	IE FOREGO	DING FORM FO	R APPOIN STATED IN	TMENT O	F CAM	PAIGN TRE	ASURE	RAND	
25. Date	26. Sig	26. Signature of Candidate										
04/01/2019				X	X Fabrica Clerboroux							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I, (Please Print or Type Name) , do hereby accept the appointment												
designated above as: Campaign Treasurer Deputy Treasurer.												
04/01/2019 \mathbf{X}												
Date Signature of Campaign Treasurer or Deputy Treasurer												
DS-DE 9 (Rev. 10/10)			(/		\bigcirc	/		ule 1S-2.0		.A.C.	