

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

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

(PLEASE PRINT OR TYPE)

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**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)

**Katrina S Scarborough**

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

6043 Lake Lizzie Dr  
St Cloud, FL 34771

**4. Telephone**

( 407 ) 709-3776

**5. E-mail address**

katrinascarboroughpa@gmail.com

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

Osceola County Property Appraiser

**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     Democrat Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

**Maureen Story**

**11. Mailing Address**

**PO Box 420675**

**12. Telephone**

( 407 ) 933-5931

**13. City**

**Kissimmee**

**14. County**

**Osceola**

**15. State**

**FL**

**16. Zip Code**

**34742**

**17. E-mail address**

**Rstory4@aol.com**

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

**19. Name of Bank**

**South State Bank**

**20. Address**

**4898 E. Irlo Bronson Mem Hwy**

**21. City**

**St Cloud**

**22. County**

**Osceola**

**23. State**

**FL**

**24. Zip Code**

**34771**

**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**

**9/11/2023**

**26. Signature of Candidate**

**X**

*Katrina S Scarborough*

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

I, **Maureen Story**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

**9/11/2023**  
Date

**X**

*Maureen Story*  
Signature of Campaign Treasurer or Deputy Treasurer