

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

FEB 13 2020 ASD pmw  
PAB

(PLEASE PRINT OR TYPE)

**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)      3. Address (include post office box or street, city, state, zip code)  
KATHRYN (Kathy) A. Lambert      37109 Howard Ave

4. Telephone      5. E-mail address  
(845) 667-4654      lambka1950@yahoo.com  
Dade City, FL. 33525

6. Office sought (include district, circuit, group number)      7. If a candidate for a nonpartisan office, check if applicable:  
Dade City Commissioner Group 3       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     \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer  
KATHRYN (Kathy) A. Lambert

11. Mailing Address      12. Telephone  
37109 Howard Ave.      (845) 667 4654

13. City      14. County      15. State      16. Zip Code      17. E-mail address  
Dade City, FL      PASCO      FL      33525      lambka1950@yahoo.com

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

19. Name of Bank      20. Address  
SAN ANTONIO Citizens SACFCU Federal Credit Union      38149 Sprocket Way  
Dade City, FL. 33525

21. City      22. County      23. State      24. Zip Code  
Dade City      PASCO      FL      33525

**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      26. Signature of Candidate  
Feb 13, 2020      X Kathryn (Kathy) A. Lambert

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

I, Kathryn A. (Kathy) Lambert, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

Feb 13, 2020      X Kathryn A. (Kathy) Lambert  
Date      Signature of Campaign Treasurer or Deputy Treasurer