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APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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.						10			OFFICE	E USE	ONLY		
1. CHECK APPROPRIATE BOX(ES):													
✓ Initial Filing of Form		-filing to Change:	T	reas	urer/E	Deputy [Deposito	ory 🗌	Office		Party		
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip											zip		
TERESA WATKINS BROWN					code) P O BOX 2374								
4. Telephone	lephone 5. E-mail address					FORT MYERS, FL 33902							
(239) 281-0198	£												
6. Office sought (include of	7. If a candidate for a <u>nonpartisan</u> office, check if												
CITY COUNCIL WARD 1					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 Party candidate.													
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer													
10. Name of Treasurer or Deputy Treasurer													
MALTORIA W CHANCEY													
11. Mailing Address								12. Tele	phone				
840 ZANA DR								(239	693-05	11			
13. City	14. C	15. Sta	ate	16.	Zip Code	17. E-mail address							
FORT MYERS LEE			FL	33905 chanceym@embarqmail.com						com			
18. I have designated the	₹] F	Primary Depository Secondary Depository											
19. Name of Bank					20. Address								
BANK OF AMERICA				808	31 D	ANI DR			,				
21. City		22. County				23. State			24. Zip C	ode			
FORT MYERS		LEE				FL			33966				
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.	Signa	ature of Can	didate_	1	0				
Septem ber	20,	2021		X	1	Teresa	Wat	Kins	Dr	ou	M		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I, MALTORIA W CHANCEY , do hereby accept the appointment									t				
(Please Print or Type Name)													
designated above as:	X	Campaign T	reasure	r A -		Deputy Tre	easurer.						
9-20-2021 X Maltnie W Chancy													
Date Signature of Campaign Treasurer Deputy Treasurer													