

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

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

(PLEASE PRINT OR TYPE)

2013 OCT -9 AM 9:24

CLERK OF SUPERIOR COURT
LEON COUNTY, FL

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)

LISA DIANE BROWN

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

3273 THOREAU AVE
TALLAHASSEE, FL 32311

4. Telephone

(850) 597-0313

5. E-mail address

LISADBROWN1@GMAIL.COM

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

LEON COUNTY COMMISSION AT LARGE
GROUP 1

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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

LISA DIANE BROWN

11. Mailing Address

3273 THOREAU AVE

12. Telephone

(850) 597-0313

13. City

TALLAHASSEE

14. County

LEON

15. State

FL

16. Zip Code

32311

17. E-mail address

LISADBROWN1@GMAIL.COM

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

19. Name of Bank

FIRST COMMERCE CREDIT UNION

20. Address

2073 SUMMIT LAKE DRIVE, SUITE 100

21. City

TALLAHASSEE

22. County

LEON

23. State

FL

24. Zip Code

32317

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

10/9/19

26. Signature of Candidate

X 

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

I, LISA DIANE BROWN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/9/19
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2019 OCT -9 AM 9:24

SUPERVISOR OF ELECTIONS
LEON COUNTY, FL

I, LISA DIANE BROWN,

candidate for the office of LEON COUNTY COMMISSION, AT LARGE ;
GROUP 1

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

x 

Signature of Candidate

10/9/19

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

