

**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)      **3. Address** (include post office box or street, city, state, zip code)  
 Julie Magill      2006 N-Howard Ave  
 Tampa, FL 33607

**4. Telephone**      **5. E-mail address**  
 (813) 458-1860      julietfindshomes@outlook.com

**6. Office sought** (include district, circuit, group number)      **7. If a candidate for a nonpartisan office, check if applicable:**  
 Hillsborough School Board District 1       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**  
 Linda Harrison

**11. Mailing Address**      **12. Telephone**  
 4416 Waltham Dr      (813) 493-7203

**13. City**      **14. County**      **15. State**      **16. Zip Code**      **17. E-mail address**  
 Tampa      Hillsborough      FL      33634      registerme.tampa@gmail.com

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

**19. Name of Bank**      **20. Address**  
 First Horizon      4105N Himes Ave.

**21. City**      **22. County**      **23. State**      **24. Zip Code**  
 Tampa      Hillsborough      FL      33607

**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**  
 10/13/23     

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
 I, Linda Harrison, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:     Campaign Treasurer.     Deputy Treasurer.  
11/13/2023      X   
 Date      Signature of Campaign Treasurer or Deputy Treasurer