## 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.

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BROWAKO COUNTY SUPERVISOR OF FLECTIONS

officer before opening the	campaign account.							OFFIC	E USE ONLY	
1. CHECK APPROPRIATE E Initial Filing of Form	BOX(ES): Re-filing to Change	e: 🔲 Tr	easure	r/Deputy		Depository		Office	Party	
2. Name of Candidate (in th	1	3. Address (include post office box or street, city, state, zip								
Alvin Pollock	1	code)   PO Box 290631								
4. Telephone 5. E-mail address			7	Davie, FL 33329						
(954)553-9629 p	oollock1858@									
6. Office sought (include dis		7. If a candidate for a <u>nonpartisan</u> office, check if								
Sheriff of Broward Co		applicable:  My intent is to run as a Write-In candidate.								
					]	wy ment is to i	una	s a vviile-i	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 ☑ Democratic Party candidate.										
9. I have appointed the following person to act as my   Campaign Treasurer  Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer  Debbie Albert										
11. Mailing Address 12. Telephone										
PO Box 267715						(	95	4) 378	-8298	
13. City	14. County 15. Stat		1	1						
Weston	Broward	FL	3	33326	deb.albert19@outlook.com					
18. I have designated the following bank as my										
19. Name of Bank					20. Address					
Centennial Bank	100.0		2205	205 South University Dr.			,	04 7% Onda		
21. City Davie	22. County Broward			23. State				24. Zip Code 33324		
		Jan Assert Page			_					
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										
9/28/23			X_		2					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
1	Debbie Albert , do hereby accept the appointment								ointment	
(Please Print or Type Name)										
designated above as:   Campaign Treasurer.  Deputy Treasurer.										
9/28/23										
Date Signature of Campaign Treasurer or Deputy Treasurer										
		THE PERSON NAMED IN COLUMN 2 IN CO.	AND DESCRIPTION OF THE PERSON NAMED IN	CONTRACTOR OF THE PARTY OF THE		The state of the s		The second second second second		

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

Al Pollock

## **OFFICE USE ONLY**

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BROWARD COUNTY
SUPERVISOR OF FLECTIONS

	candidate for the office of	Sheriff of Broward County						
	have been provided access to read and understand the requirements of							
	Chapter 106, Florida Statutes.							
	x A		October 10th, 2023					
٠	Signature of Car	ndidate	Date					
A <sub>l</sub> fa	opointment of Campaign Treasu ilure to file this form is a first o	rer and Designation of Cam degree misdemeanor and a	officer within 10 days after the spaign Depository is filed. Willful a civil violation of the Campaign 106.19(1)(c), 106.265(1), Florida					

Statutes).