## 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 filing officer before opening the campaign account.

2023 DEC -8 PM 3: 07

BROWARD COUNTY CERMISOR OF FLECTH**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 PO Box or Street, City, State, Zip Code):				
(Please Print or Type Name)		PO BOX 550420		
Kimberly Makie Jean				
James Garage		Davie FL, 33355		
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:				
(1)(2) 2112 527 130311040		-	-20216	amail care
(415) 342 5277 (not required for qualifying purposes) Kimberlyjean 2024 @g mail, com				
7. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:				
Broward County Commissioner District 5   if applicable:				
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a				
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ Derrocratic Party candidate.				
10. I have appointed the following person to act as my:				
11. Name of Treasurer or Deputy Treasurer:		12. Telephone: 13. Email Address:		
David Leonardo Lee Acosta	(9)	of 1993-2	157 kimberlyi	jean 2024@gmail.
14. Mailing Address:	15. City:		16. State:	17. Zip Code:
2971 SW 108th Way	Davie		PL	33328
18. I have designated the following bank as my (check appropriate box): Primary Depository				
19. Name of Bank: 20. Address:				
Bank of America		5045, Fla	imingo Rd	1
21. City: 22. Co			23. State:	24. Zip Code:
Cooper City Brow			PL	33330
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.				
26. Signature of Candidate:				
25. Date: 12/5/2023 X fully &				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)				
I, David Leonardo Lee Acostado hereby accept the appointment designated above as:				
(Please Print or Type Name)				
☐ Campaign Treasurer. ☐ Deputy Treasurer.				
	29.	Signature of C	Campaign Treasurer	r of Deputy Treasurer
28. Date: 12/5/2023	X	( )		
DS-DE 9 (Eff. 10/23)				Rule 1S-2.001, F.A.C.

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

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

(PLEASE PRINT OR TYPE)

n must be on file with the filing officer before

2023 DEC -8 PM 3: 07

NOTE: This form must be on file with the filing officer before BROWARD COUNTY opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): ☐ Office Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository 2. Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) PO BOX 550426 Kimberly Makie Jean Davie FL 33355 4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address: 130311040 (415) 342 5277 kimberly jean 2024 @gmail, com (not required for qualifying purposes) 7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box if applicable: Broward county Commissioner Dismict 5 ☐ I intend to run as a Write-In Candidate. 9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a □ Write-In Candidate. No Party Affiliation Candidate. D Democratic Party candidate. 10. I have appointed the following person to act as my: ☐ Campaign Treasurer Deputy Treasurer 11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address: (415) 3425277 KimberlyJean2024@gmail Kimberly Marie Jean 14. Mailing Address: 16. State: 17. Zip Code: 15. City: Davie FL 33355 PO BOX 550426 20. Address: 19. Name of Bank: Bank of America 5504 5. Flaming o Pd v: 23. State: 2 22. County: 21. City: 24. Zip Code: Broward Cooper City UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate: 25. Date: 12/5/2023 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) 1, Kimberly Jean do hereby accept the appointment designated above as: (Please Print or Type Name) Deputy Treasurer. Campaign Treasurer. 29. Signature of Campaign Treasurer of Deputy Treasurer 12/5/2023 28. Date: Rule 1S-2.001, F.A.C. DS-DE 9 (Eff. 10/23)

## STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

## OFFICE USE ONLY

2023 DEC -8 PM 3: 07

BRUWARD COUNTY PERVISOR OF FEECTIONS

1, Kimberly Jean

candidate for the office of  $\underbrace{Broward\ County\ Commissioner\ District\ 5}$ ; have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

Signature of Candidate

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).