

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

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

(PLEASE PRINT OR TYPE)

2024 APR 16 AM 8:56

NOTE: This form must be on file with the filing officer before opening the campaign account.

BROWARD COUNTY
SUNSHINE STATE POLITICAL

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):

(Please Print or Type Name)

LESLIE McCALL SCHROEDER

3. Address (include PO Box or Street, City, State, Zip Code):

5877 SW 54 COURT
DAVIE, FL 33314

4. Telephone:

(954) 658-9692

5. Candidate's Voter Registration #:

101365545

(not required for qualifying purposes)

6. Email Address:

LDMSCHROEDER@GMAIL.COM

7. Office Sought (include district, circuit, group, or seat #):

CENTRAL BROWARD WATER CONTROL
DISTRICT COMMISSIONER ZONE 4

8. If a candidate for a nonpartisan office, check the box if applicable:

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. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

LESLIE SCHROEDER

12. Telephone:

(954) 658-9692

13. Email Address:

LDMSCHROEDER@GMAIL.COM

14. Mailing Address:

5877 SW 54 COURT

15. City:

DAVIE

16. State:

FL

17. Zip Code:

33314

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

CHASE BANK

20. Address:

2701 S UNIVERSITY DRIVE

21. City:

DAVIE

22. County:

BROWARD

23. State:

FL

24. Zip Code:

33328

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.

25. Date: 04/15/2024

26. Signature of Candidate:

X 

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

I, LESLIE McCALL SCHROEDER do hereby accept the appointment designated above as:

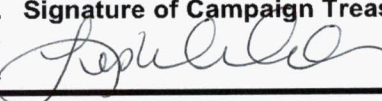
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 4/15/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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BROWARD COUNTY
DIVISION OF ELECTIONS

I, LESLIE McCALL SCHROEDER,

candidate for the office of CENTRAL BROWARD WATER CONTROL
DISTRICT COMMISSIONER ZONE 4;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X 

Signature of Candidate

4/15/2024

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).