

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

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

(PLEASE PRINT OR TYPE)

2024 APR 24 AM 9: 53

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

OFFICE USE ONLY

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

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)

Woody Clermont

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

4169 SW 67 Avenue
Apt 101A
Davie, FL 33314

4. Telephone:

(305) 491-3981

5. Candidate's Voter Registration #:

102188517

(not required for qualifying purposes)

6. Email Address:

wclermont2004@gmail.com

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

County Court Judge, Group 10

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:

Woody Clermont

12. Telephone:

(305) 491-3981

13. Email Address:

wclermont2004@gmail.com

14. Mailing Address:

4169 SW 67 Avenue, Apt 101A

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:

TD Bank

20. Address:

5943 Stirling Road

21. City:

Davie

22. County:

Broward

23. State:

FL

24. Zip Code:

33314

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: 4/23/2024

26. Signature of Candidate:

X

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

I, Woody Clermont do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 4/23/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

(Section 105.031(5), F.S.)

(Please Type)


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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, Woody Clermont

a judicial candidate, have received, read, and understand the requirements of the Florida Code of Judicial Conduct.



(Signature of candidate)

4/23/2024

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, Woody Clermont ,

candidate for the office of County Court Judge, Group 10 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

4/23/2024

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).