

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

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

(PLEASE PRINT OR TYPE)

2024 APR 26 PM 4: 51

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

NOTE: This form must be on file with the filing 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):  
(Please Print or Type Name)

THOMAS ALBERTO VASQUEZ

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

10120 NW 13<sup>TH</sup> ST  
PLANTATION, FL 33322

**4. Telephone:**

(904) 954-737-9594

**5. Candidate's Voter Registration #:**

127851093

(not required for qualifying purposes)

**6. Email Address:**

THOMAS.A.VASQUEZ@GMAIL.COM

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

SCHOOLBOARD, COUNTYWIDE AT-LARGE DISTRICT 9

**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:**

THOMAS A. VASQUEZ

**12. Telephone:**

(954) 737-9594

**13. Email Address:**

THOMAS.A.VASQUEZ@GMAIL.COM

**14. Mailing Address:**

10120 NW 13<sup>TH</sup> ST,

**15. City:**

PLANTATION

**16. State:**

FL

**17. Zip Code:**

33322

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

**19. Name of Bank:**

WELLS FARGO

**20. Address:**

10077 W OAKLAND PARK BLVD

**21. City:**

SUNRISE

**22. County:**

BROWARD

**23. State:**

FL

**24. Zip Code:**

33351

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:**

26 APR 2024

**26. Signature of Candidate:**

X 

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

I, THOMAS A. VASQUEZ do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

26 APR 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  
SUPERVISOR OF ELECTIONS

I, THOMAS A. VASQUEZ

candidate for the office of SCHOOLBOARD, COUNTY WIDE AT-LARGE, DISTRICT 9;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

26 APR 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).