

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

2017 MAR -9 PM 4: 48
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying 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)
BARBARA SHARIEF

3. Address (include post office box or street, city, state, zip code)

2452 N UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

4. Telephone
(954) 2929449

5. E-mail address
BARB_MU@MSN.COM

6. Office sought (include district, circuit, group number)
COUNTY COMMISSION DISTRICT 8

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-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
SUZETTE SPALDING

11. Mailing Address
2452 N UNIVERSITY DRIVE

12. Telephone
(954) 9671900

13. City
PEMBROKE PINES

14. County
BROWARD

15. State
FL

16. Zip Code
33024

17. E-mail address
SSPALDING@SOUTHFLORIDAPEJ

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank
WELLS FARGO

20. Address
12184 MIRAMAR PKWY

21. City
MIRAMAR

22. County
BROWARD

23. State
FL

24. Zip Code
33025

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
03/01/2017

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, SUZETTE SPALDING, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

03/01/2017

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2017 MAR 13 AM 10:24

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, Barbara Sharief ,

candidate for the office of District 8 Broward County Commissioner ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

03/01/17

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).