

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

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

(PLEASE PRINT OR TYPE)

2017 JUN 22 AM 10: 07

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

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)

Donna KILGER Korn

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

13360 SW 36 Court  
Davie, FL 33330

4. Telephone

(954) 483-5971

5. E-mail address

dkorn@bellsouth.net

6. Office sought (include district, circuit, group number)

School Board, At-Large Seats

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     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer  Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Donna Korn

11. Mailing Address

13360 SW 36 Court

12. Telephone

(954) 483-5971

13. City

Davie

14. County

Broward

15. State

FL

16. Zip Code

33330

17. E-mail address

dkorn@bellsouth.net

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

19. Name of Bank

Wells Fargo

20. Address

12617 West Sunrise Blvd.

21. City

Sunrise

22. County

Broward

23. State

FL

24. Zip Code

33323

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

6/22/2017

26. Signature of Candidate

X Donna Korn

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

I, Donna Korn, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

6/22/2017

Date

X

Donna Korn

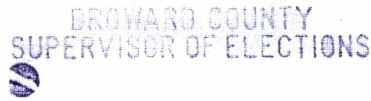
Signature of Campaign Treasurer or Deputy Treasurer

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

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

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**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)

Donna Pilger Korn

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

13300 SW 36 Court  
Davie, FL 33330

**4. Telephone**

(954) 483-5971

**5. E-mail address**

dkorn@bellsouth.net

**6. Office sought** (include district, circuit, group number)

School Board, At-Large Seat 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     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**

Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Marcia Simmons

**11. Mailing Address**

2871 NW 74<sup>th</sup> Avenue

**12. Telephone**

(954) 304-6196

**13. City**

Margate

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33063

**17. E-mail address**

marciadsimmons@bellsouth.net

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

Wells Fargo

**20. Address**

12617 West Sunrise Blvd.

**21. City**

Surprise

**22. County**

Broward

**23. State**

FL

**24. Zip Code**

33323

**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**

6/22/2017

**26. Signature of Candidate**

X

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

I, Marcia Simmons, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/22/17  
Date

X Marcia Simmons  
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 108.02(1), F.S.)

(PLEASE PRINT OR TYPE)

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

OFFICE USE ONLY

1. Initial Filing of Form <input type="checkbox"/> Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party <input type="checkbox"/>	
2. Name of Candidate (in this order: First, Middle, Last) _____ 3. Address (include post office box or street, city, state, zip code) _____	
4. Telephone _____ 5. E-mail address _____	6. Office sought (include district, circuit, group number) _____
7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-in candidate.	
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a _____ Party candidate.	
9. I have appointed the following person to act as my _____ 10. Name of Treasurer or Deputy Treasurer _____	
11. Mailing Address _____ 12. Telephone _____	
13. City _____ 14. County _____ 15. State _____ 16. Zip Code _____ 17. E-mail address _____	18. I have designated the following bank as my _____ 19. Name of Bank _____ 20. Address _____
21. City _____ 22. County _____ 23. State _____ 24. Zip Code _____	25. I have designated the following bank as my _____ 26. Name of Bank _____ 27. Address _____
28. Date _____ 29. Signature of Candidate _____	
30. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) _____ I, _____ (Please Print or Type Name) _____, do hereby accept the appointment designated above as _____ Campaign Treasurer <input type="checkbox"/> Deputy Treasurer <input type="checkbox"/>	
Signature of Campaign Treasurer or Deputy Treasurer _____	Date _____

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2017 JUN 22 AM 10: 07

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

I, DONNA PILGER KORN,

candidate for the office of School Board of Broward County, Seat 8;

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

X

Dona Korn  
Signature of Candidate

6/22/2017  
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).