

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

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

(PLEASE PRINT OR TYPE)

2017 NOV -2 AM 9:10

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)

Gilman Allison

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

400 SE 9th St
Ft. Lauderdale, FL 33316

4. Telephone

(954) 763-3453

5. E-mail address

agilman@askallison.info

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

Southern District Group 19
Seventeenth Judicial Circuit

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

Michele Lynn Hearn

11. Mailing Address

400 SE 9th St.

12. Telephone

(954) 763-3453

13. City 14. County 15. State 16. Zip Code 17. E-mail address

Ft. Lauderdale Broward FL 33316 mhearn@ticketangels.com

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

19. Name of Bank

Sabadell United Bank

20. Address

110 SE 6th Street

21. City 22. County 23. State 24. Zip Code

Ft. Lauderdale Broward Florida 33301

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
10/30/17

26. Signature of Candidate

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

I, Michele Hearn, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

10/31/17
Date

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2017 NOV -2 AM 9:19

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)

Allison Gilman

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

400 SE 9th St.
Ft. Lauderdale FL 33316

4. Telephone

(754) 422-5748

5. E-mail address

agilman@askallison.info

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

Southern District Group 19
Seventeenth Judicial Circuit

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

Allison Gilman

11. Mailing Address

400 SE 9th St.

12. Telephone

(954) 763-3453

13. City

Ft Lauderdale

14. County

Broward

15. State

FL

16. Zip Code

33316

17. E-mail address

agilman@askallison.info

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

19. Name of Bank

Scheele United Bank

20. Address

110 SE 6th St

21. City

Ft Lauderdale

22. County

Broward

23. State

FL

24. Zip Code

33301

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

11/2/17

26. Signature of Candidate

X

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

I, Allison Gilman, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/2/17
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 NOV -2 AM 9:10
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, Allison Gilman,
candidate for the office of Broward County Court Judge Group
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

Group
19

X


Signature of Candidate

10/30/17
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).

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

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

(Please Type)

OFFICE USE ONLY

2017 NOV -2 AM 9:10
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, Allison Gilman

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



(Signature of candidate)

10/30/17

(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.