

Amended

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 13 PM 12:41

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 33306

4. Telephone

(954) 763-3453

5. E-mail address

agilman@askallson.com

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

Southern District Broward County
Seventeenth Circuit Group 19

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@askallson.com

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

19. Name of Bank

Therica

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

11/13/17

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

11/13/17
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

Amended

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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 Bank 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 33306

4. Telephone

(954) 763-3453

5. E-mail address

agilman@skallison.info

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

Southern District Group 19
Seventeenth 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

Ft. Lauderdale

14. County

Broward

15. State

FL

16. Zip Code

33306

17. E-mail address

agilman@skallison.info

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19. Name of Bank

Iberia

20. Address

110 SE 6th St.

21. City

Ft. Lauderdale

22. County

Broward

23. State

FL

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33301

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25. Date

11/13/17

26. Signature of Candidate

X

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

11/13/17
Date

X
Signature of Campaign Treasurer or Deputy Treasurer