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

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

(PLEASE PRINT OR TYPE)

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

2018 MAY -2 PM 3: 17

BROWARD COUNTY SUPERVISOR OF ELECTIONS

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	easurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zin
4. Telephone 5. E-mail address	code) 301 E L95 0/95 8/1/4
4. Telephone 5. E-mail address	- 4th floor
(954) 640-5196 Reerjudge midnel Davis OGMA	code) 30/ E Las olar Blvd 4th Hoor FT. Landerdale fl 3330/
Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
C-11.	applicable:
County Court Judge Group 17	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	
Michael Paris	
11. Mailing Address	12. Telephone
301 E Las ols Blod 9th.	41001 47. LAUBISO1 954) 640 5/9/
13. City 14. County 15. State  The Landerdale Browning The	e 16. Zip Code 17. E-mail address
to Langergale promote to	33301 Reest ulgenichael Par : Dohail.com
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
Centeurial Jank	707 5E 3rd Ave # 100  23. State 24. Zip Code
21. City   22. County	23. State 24. Zip Code
Fr. Lauterdale Broward	th 23301
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 / ( 2	26. Signature of Candidate
7/2/10	X Signature of Candidate
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1,	
(Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer	Deputy Treasurer.
	-
5/2/18 X	
	Signature of Campaign Treasurer or Deputy Treasurer