				1 - E								
Amand												
APPOINTMENT OF C	AMPA	IGN TREASU	RER	SUPERVISOR OF ELECTIONS								
				2018 FEB 21 AM 11: 12								
DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)						LUTU	FED ZI	APTIE	2			
(PLEASE PRINT OR TYPE)												
NOTE: This form must be on file with the qualifying officer before opening the campaign account.									OFFICI	E USE	ONLY	
1. CHECK APPROPRIATE	BOX(ES	3):						NULLANCE				
Initial Filing of Form Re-filing to Change: 🔀 Treasurer/Deputy 🗋 Depository 🔲 Office 🔀 Party												
2. Name of Candidate (in t	nis order	:: First, Middle, La	ast)		3. Address (include post office box or street, city, state, zip							
Altaf Ahmed				7	Code) 7865-NW 11th street, Plantation, FL 33322							
4. Telephone	Telephone 5. E-mail address											
(954) 479-7339	altafah	med55@yahc	o.com									
	6. <b>Office sought</b> (include district, circuit, group number)						didate for a	a <u>nonpart</u>	is <u>an</u> office	e, chec	k if	
Broward County Commission I			,			applicat						
							My intent	is to run a	s a Write-I	n candi	date.	
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 S Broward 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 Altaf Ahmed												
11. Mailing Address					12. Telephone							
7865 NW 11th street,					(954) 479-7339							
13. City	14. C	15. Sta	ate	16.	16. Zip Code 17.		E-mail address					
Plantation	Brow	ard	Florid	s	33322 altafahmed55@yahoo.com				m			
18. I have designated the following bank as my					Primary Depository Secondary Depository							
19. Name of Bank					20. Address							
City Bank				840	400 W Broward Blvd, Planta			ntation, F				
21. City		22. County				23. State			24. Zip C	ode		
Plantation		Broward				FL			33324			
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					26. Signature of Candidate							
02/21	las											
27. Treasure	er's Acco	eptance of Appo	ointmen	t (fill	in the	blanks and	check the	appropria	te block)			
I, Altaf Ahmed , do hereby accept the appointment										ŧ		
(Please Print or Type Name)										•		
designated above as:	designated above as: 🛛 Campaign Treasurer 🗍 Deputy Treasurer											
12/2/10	_		Χ			X North	and the second se					
Date			^	Signature of Campaign Treasurer or Deputy Treasurer								

Rule 1S-2.0001, F.A.C.