

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2018 MAR -8 AM 11:33

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input checked="" type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party					
2. Name of Candidate (in this order: First, Middle, Last) <i>Hubert Stclair</i>			3. Address (include post office box or street, city, state, zip code) <i>6044 NW 45th Way Cocoanut Creek, FL 33073</i>		
4. Telephone <i>(954) 4716303</i>		5. E-mail address <i>hubert.stclair@yahoo.com</i>			
6. Office sought (include district, circuit, group number) <i>Broward County School board district 7</i>			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 <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer <i>Hubert Stclair</i>					
11. Mailing Address <i>6044 NW 45th Way</i>				12. Telephone <i>(954) 4716303</i>	
13. City <i>COCONUTCREEK</i>	14. County <i>Broward</i>	15. State <i>FL</i>	16. Zip Code <i>33073</i>	17. E-mail address <i>hubert.stclair@yahoo.com</i>	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank <i>TD Bank</i>			20. Address <i>450 E Las Olas Blvd Suite 130, Fort Lauderdale, FL 33301</i>		
21. City <i>Fort Lauderdale</i>	22. County <i>Broward</i>	23. State <i>FL</i>	24. Zip Code <i>33301</i>		
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 <i>3-8-2018</i>			26. Signature of Candidate <i>X Hubert Stclair</i>		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, <u><i>Hubert Stclair</i></u> , do hereby accept the appointment (Please Print or Type Name) designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer. <u><i>3-8-2018</i></u> Date <u><i>X Hubert Stclair</i></u> Signature of Campaign Treasurer or Deputy Treasurer					

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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I, Hubert Stclair

candidate for the office of Broward County School Board district 7

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Hubert Stclair

Signature of Candidate

3-8-2018

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).