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 APR 30 AM 10: 44

SUPERVISOR OF ELECTIONS

OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Treasurer/Deputy Depository Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 5110 3W 101 Terrace Cooper Gry, 52 37328 7. If a candidate for a nonpartisan office, check if applicable: Bound Course School Bord Member, District 6 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 'Redocca 11. Mailing Address 12. Telephone 13. City 15. State 16. Zip Code 17. E-mail address 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 2603 N 21. City 22. County 24. Zip Code 33026 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 Treasurer's Acceptance of Appointment (ill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. X Date Signature of Campaign Treasurer or Deputy Treasurer

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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 Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Richard, Adam, Mendelson 5110 SW 101 Terrace Cooper City, FL 33328 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Broward County School Board, District 6 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
Richard Adan Mendulson 11. Mailing Address 12. Telephone 5110 3W 101 Ferrace 13. City 14. County 15. State 16. Zip Code 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 2603 Hiatus Roga 21. City 22. County 23. State 24. Zip Code 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 4/30/18 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment designated above as: Campaign Treasurer Deputy Treasurer Date Signature of Campaign Treasurer or Deputy Treasurer