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 21 PM 1:51

BROWARD COUNTY SURERVISOR OF ELECTIONS

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):												
D lettel Filter of Forms D St. 1 O. D D D											Party	
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip											zip	
Michael John Heise					code) 1500 S.E. 15thg ST. Apt 216							
4. Telephone	5. E-mail address				Fort Lauderdale, Fl. 33316							
(954) 295-7168	electhe	eise @gmail.co										
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if						
County Court Judge, 17th Judicial Circuit, Group 10						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												
Christopher Ells												
11. Mailing Address 12. Telephone												
200 S.E. 6th ST., Suite 301 (954) 525-1700									00			
13. City	14. County		15. State		16. Zip Code 17. E-mail address							
Fort Lauderdale Broward FI.			FI.	33301 chrisells@msn.com								
								Seconda	ary Deposit	ory		
					20. Address							
					00 S. Andrews Ave.							
21. City	•		22. County			23. State		24. Zip Code				
Fort Lauderdale	ort Lauderdale Broward			FI.					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 26						26. Signature of Candidate						
5/17/2018 X						× M/W / This						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
ı, Christopher Ells					, do hereby accept the appointment							
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
5/17/2018 X												
Date				Sign	ature	of Campaic	n Treasur	er or Denu	ty Treasure			