

## SPECIAL DISTRICT CANDIDATES

TO: Broward County Supervisor of Elections

As a candidate for the office of:

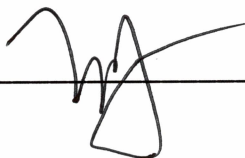
Commissioner for zone 2 Central Broward Water Control District

Special District name and seat designation (if applicable)

and pursuant to F.S. 99.061(3), I have no intention of collecting contributions or making expenditures for my candidate campaign in 2018.

Print Name: Mark Floyd

Date: 6/19/18

Signature: 

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

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

(PLEASE PRINT OR TYPE)

2018 JUN 19 PM 1:43

BROWARD COUNTY  
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     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

MARK, WALTER, FLYNT

**3. Address (include post office box or street, city, state, zip code)**

2601 SW 110 WAY  
DAVIE, FL 33328

**4. Telephone**

(954) 812-1600

**5. E-mail address**

MARKFLYNT@FLYNT.NET

**6. Office sought (include district, circuit, group number)**

COMMISSIONER FOR ZONE 2 OF  
CENTRAL BROWARD WATER CONTROL DISTRICT

**7. If a candidate for a nonpartisan office, check if 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**

MARK FLYNT

**11. Mailing Address**

2601 SW 110 WAY

**12. Telephone**

(954) 812-1600

**13. City**

DAVIE

**14. County**

BROWARD

**15. State**

FL

**16. Zip Code**

33328

**17. E-mail address**

MARKFLYNT@FLYNT.NET

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

WELLS FARGO

**20. Address**

8890 W. ST RD 84

**21. City**

DAVIE

**22. County**

BROWARD

**23. State**

FL

**24. Zip Code**

33328

**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**

6/18/18

**26. Signature of Candidate**

X

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, MARK FLYNT (Please Print or Type Name), do hereby accept the appointment

designated above as:

Campaign Treasurer

Deputy Treasurer

6/18/18

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

ASSOCIATION OF CAMPAIGN MANAGERS  
MEMBERSHIP APPLICATION FORM  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

1983

NOTE: This form must be filled out in full and returned with a check for \$10.00.

1. I am a resident of the State of \_\_\_\_\_ and a citizen of the United States of America.

2. I am at least 18 years of age as of the date of this application.

3. I am not currently a member of the Association of Campaign Managers.

4. I have not been convicted of a felony crime within the last five years.

5. I have not been convicted of a crime involving moral turpitude within the last five years.

6. I have not been declared bankrupt within the last five years.

7. I have not been convicted of a crime involving the falsification of documents within the last five years.

8. I have not been convicted of a crime involving the falsification of financial statements within the last five years.

9. I have not been convicted of a crime involving the falsification of tax returns within the last five years.

10. I have not been convicted of a crime involving the falsification of insurance claims within the last five years.

11. I have not been convicted of a crime involving the falsification of a check within the last five years.

12. I have not been convicted of a crime involving the falsification of a contract within the last five years.

13. I have not been convicted of a crime involving the falsification of a deed within the last five years.

14. I have not been convicted of a crime involving the falsification of a will within the last five years.

15. I have not been convicted of a crime involving the falsification of a power of attorney within the last five years.

16. I have not been convicted of a crime involving the falsification of a mortgage within the last five years.

17. I have not been convicted of a crime involving the falsification of a lease within the last five years.

18. I have not been convicted of a crime involving the falsification of a license within the last five years.

19. I have not been convicted of a crime involving the falsification of a permit within the last five years.

20. I have not been convicted of a crime involving the falsification of a certificate within the last five years.

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

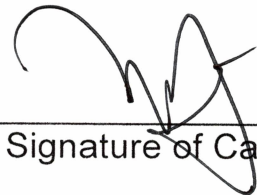
OFFICE USE ONLY

2018 JUN 19 PM 1:40

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

I, MARK HUNT  
candidate for the office of COMMISSIONER CONTROL Broward Water Control  
DISTRICT  
Zone 2  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

6/19/18  
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).