

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

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

(PLEASE PRINT OR TYPE)

2018 OCT 29 PM 4:39

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

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

*AMENDED 10.29.18* 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)  
Michael E. Francis

3. Address (include post office box or street, city, state, zip code)  
135 Weston Road #274  
Weston, FL 33326

4. Telephone (954 ) 839-7007

5. E-mail address *votemichaelfrancis2020@gmail.com*

6. Office sought (include district, circuit, group number)  
Broward County Clerk of Courts

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     Democrat    Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer  
Michael E. Francis

11. Mailing Address  
135 Weston Road #274

12. Telephone ( 954 ) 839-7007

13. City Weston    14. County Broward    15. State FL    16. Zip Code 33326    17. E-mail address *votemichaelfrancis2020@gmail.com*

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

19. Name of Bank Wells Fargo    20. Address 278 Indian Trace

21. City Weston    22. County Broward    23. State FL    24. Zip Code 33326

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 *10-29-18*    26. Signature of Candidate *X Michael Francis*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  
 I, Michael E. Francis, do hereby accept the appointment  
 (Please Print or Type Name)  
 designated above as:     Campaign Treasurer     Deputy Treasurer.  
*10-29-18* Date    *X Michael Francis* Signature of Campaign Treasurer or Deputy Treasurer