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.

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BROWARD COUNTY SUPERVISOR OF ELECTIONS

| officer before opening the campaig | gn 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) | 3. Address (include post | office box or street, city, state, zip |
| Brenda D. FORMAN | | code) 6402 5. W. 55th Place | |
| 4. Telephone 5. E-mail address Davie, PC. 33314 | | | |
| (954) 907-0995 dixhAR5820aol.Com | | | |
| 6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if | | | |
| Broward County Clerk | of Courts | 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 ORenda D FORMAN | | | |
| 11. Mailing Address 12. Telephone | | | |
| 6402 S.W. 55th PL (954) 907-0995 | | | |
| 13. City. 14. County 15. State 16. Zip Code 17. E-mail address BROWARD 17. E-mail address AIXHAN582E aol. Com | | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | |
| 19. Name of Bank | | 20. Address | |
| 21. City | 22. County | 23. State | 24. Zip Code |
| 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 X Musica D Tornan | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | |
| , do hereby accept the appointment | | | |
| (Please Print or Type Name) | | | |
| designated above as: Campaign Treasurer Deputy Treasurer. | | | |
| Date | Signature of Campaign Trea | asurer or Deputy Treasurer | |

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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BROWARD COUNTY SUPERVISOR OF ELECTIONS

candidate for the office of Broward County Nerk of Courts

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

Signature of Candidate

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).