

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

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

(PLEASE PRINT OR TYPE)

2019 MAY -9 PM 3: 26

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

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

AMENDED

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 code)
Brenda D Forman (Incumbent) *P.O. Box 290032*
Davie, FL. 33329

4. Telephone () **5. E-mail address**
dixhar582@aol.com

6. Office sought (include district, circuit, group number) **7. If a candidate for a nonpartisan office, check if applicable:**
Broward County Clerk of Courts 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 *Democratic* Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address **12. Telephone** ()

13. City **14. County** **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**
OZK Bank *600 S. Andrews Ave #100*

21. City **22. County** **23. State** **24. Zip Code**
FT. Lauderdale *Broward* *FL* *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. Signature of Candidate**
5.6.19 *X Brenda D Forman*

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