

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

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

(PLEASE PRINT OR TYPE)

2019 FEB 15 PM 2:45

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)

ANDREW MAURICE SMALLING

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

7875 NW 57TH ST.
#26624
TAMARAC, FL. 33320

4. Telephone

(954) 214-9282

5. E-mail address

ASMALLING@GMAIL.COM

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

SHERIFF (BROWARD COUNTY)

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

CHRISTOPHER NICHOLAS

11. Mailing Address

10103 NW 68TH CT.

12. Telephone

(718) 974-6347

13. City

PARKLAND

14. County

BROWARD

15. State

FL.

16. Zip Code

33076

17. E-mail address

CANE SQUIRE@GMAIL.COM

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

19. Name of Bank

TROPICAL FINANCIAL

20. Address

8947 W. ATLANTIC BLVD.

21. City

CORAL SPRINGS

22. County

BROWARD

23. State

FL.

24. Zip Code

33071

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

2.15.19

26. Signature of Candidate

X 

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


I, CHRISTOPHER NICHOLAS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2.15.19

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, ANDREW M. SMALLING,

candidate for the office of SHERIFF BROWARD COUNTY;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.


Signature of Candidate

2.12.19
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).