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

2019 MAR -7 PM 2: 48

SROWARD COUNTY
OPERVISOR OF ELECTIONS

OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): 🔼 Initial Filing of Form Re-filing to Change: 🔲 Treasurer/Deputy 🔲 Depository 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip AL POLLOCK

5. E-mail address P.O. BOX 290631 DAVIE, FIA 33329 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: SHERIFF OF BROWARD COUNTY 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 DEMOCRATIC Party Write-In No Party Affiliation candidate. Campaign Treasurer 9. I have appointed the following person to act as my **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer Evere ++ 11. Mailing Address Ole Circle (954)
County 15. State 16. Zip Code 17. E-mail address (954) 214-1923 5804 North Sal FL 33063 exneely 6 Tegmail, com Primary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank 3115 SOUTH UNIVERSE 23. State 22. County 24. Zip Code 21. City 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 MARCH 7, 2019

Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment Campaign Treasurer Deputy Treasurer. designated above as: Signature of Campaign Treasurer or Deputy Treasurer

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.

DS-DE 9 (Rev. 10/10)

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SROWARD COUNTY
SUPERVISOR OF ELECTIONS

Rule 1S-2.0001, F.A.C.

OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Party 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) ALTOLLOCK 5. E-mail address qode) D.O.BOX 290631 DAVIE, FIA 33329 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: SHRIFF OF BROWARD COUNTY 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 1) EMOCRATIC 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 11. Mailing Address 12. Telephone T.D. BOX 290631 14. County 13 City 15. State 17. E-mail address 16. Zip Code DMGUNITED @ Protonmai 18. I have designated the following bank as my Primary Depository □ Secondary Depository 19. Name of Bank 20. Address 3/15 S. いかいというです。 23. State SUNTRUS 24. Zip Code 21. City 22. County AUIE 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 Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) Tourck , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. designated above as: Campaign Treasurer Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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SROWARD COUNTY OF ELECTIONS

candidate for the office of SHERIFF OF Broward County;
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).