

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

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

(PLEASE PRINT OR TYPE)

2019 APR -1 PM 12:19
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)

Ruth Carter-Lynch

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

2060 NW 48th Terrace #207
Lauderhill, FL 33313

4. Telephone

(954) 612-7592

5. E-mail address

voteformruth2020@gmail.com

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

Supervisor of Elections - 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 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

Ruth Carter-Lynch

11. Mailing Address

2060 NW 48th Terrace #207

12. Telephone

(954) 612-7592

13. City

Lauderhill

14. County

Broward

15. State

FL

16. Zip Code

33313

17. E-mail address

voteformruth2020@gmail.com

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

19. Name of Bank

Branch Banking & Trust

20. Address

1771 NW 40th Avenue

21. City

Lauderhill

22. County

Broward

23. State

FL

24. Zip Code

33313

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

April 1, 2019

26. Signature of Candidate

X *Ruth Carter-Lynch*

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

I, Mrs. Ruth Carter-Lynch, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

April 1, 2019

Date

X *Ruth Carter-Lynch*
Signature of Campaign Treasurer or Deputy Treasurer

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Supervisor of Elections - Broward County

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My intent is to run as a Write-In candidate.

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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

Mr. Alvin Lewis

11. Mailing Address

2060 NW 48th Terrace #207

12. Telephone

(954) 347-2514

13. City

Lauderhill

14. County

Broward

15. State

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16. Zip Code

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voteformruth2020@gmail.com

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20. Address

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25. Date

April 1, 2019

26. Signature of Candidate

Ruth Carter-Lynch

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

I, Mr. Alvin Lewis, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

April 1, 2019

Date

Alvin Lewis

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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2019 APR -1 PM 12:19
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, Ruth Carter-Lynch ,
candidate for the office of Supervisor of Elections - Broward ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Ruth Carter-Lynch
Signature of Candidate

04/1/19
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).