## 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.

2019 APR 16 PM 4: 49

BROWARD COUNTY SURERVISOR OF ELECTIONS

OFFICE USE ONLY

officer before opening the	e campa	gii account.							011101	_ U3L	ONLI			
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)											zıp			
Dale V.C. Holness 107 Bryan Blvd														
4. Telephone							107 Bryan Blvd   Plantation, FL 33317							
(954 ) 325-4040	54 ) 325-4040 daleholness2010@gmail.com													
6. Office sought (include district, circuit, group number)  7. If a candidate for a <u>nonpartisan</u> office, check if											k if			
Broward County Commissione	r District 9					applicat								
								is to run a	s a Write-I	n cand	idate.			
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														
9. I have appointed the following person to act as my														
10. Name of Treasurer or Deputy Treasurer														
Richelle Holness														
11. Mailing Address	12. Telephone													
4325 W Sunrise Blvd								( 754	444-61	17				
13. City	14. C	ounty	15. Sta	ate	e 16. Zip Code 17. E-mail address									
Plantation	antation Broward FL					dahliaholness@yahoo.com								
18. I have designated the following bank as my									ary Deposit	ory				
19. Name of Bank						20. Address								
BB&T				177	71 N\	N 40th Av	е							
21. City	City 22. County					23. State			24. Zip Code					
LAUDERHILL	UDERHILL BROWARD				FL 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 26. Signature of Candidate														
4-16-19 X-2002 Harry														
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)														
Ι,		HELLE HOLN					, do he	reby acce	ot the appo	intmen	nt			
(Please Print or Type Name)														
designated above as:	$\boxtimes$	Campaign	Treasure	er		Deputy Tre	easurer.	7						
4-16	16	3	X		K	icheel	e XI							
Dat	e (			Sigi	nature	e of Campai	gn Treasu	rer or Dep	uty Treasur	er				

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1. CHECK APPROPRIATE  Initial Filing of Form		): ïling to Change:	Tre	easu	rer/Deputy		Deposito	ory 🔲	Office		Party	
	. Name of Candidate (in this order: First, Middle, Last)  3. Address (include post office box or street, city, state, zip											
DALE VC HOLNESS	iis order.	i iist, Middle, La	l co	ode)		de post onic	SC DOX OF S	street, city,	State, i			
DALE VC HOLINESS					107 BRYAN BLVD							
4. Telephone	5. E-mai	address			PLANTATION, FL 33317							
(954 ) 325-4040	DALEH	OLNESS2010	@GMA	d							14 000	
6. Office sought (include di			per)		7. If a candidate for a <u>nonpartisan</u> office, check if							
BROWARD COUNTY COMMS		appli	cal									
		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 P	arty Affili	ation 🔟	CRA	AT			Pa	irty can	didate.			
9. I have appointed the following person to act as my Campaign Treasurer 🔀 Deputy Treasurer												
10. Name of Treasurer or De	eputy Tre	easurer										
DALE VC HOLNESS												
11. Mailing Address 12. Telephone												
4325 W SUNRISE BLVD ( 954 ) 325-4040												
13. City	е	16. Zip Code 17. E-mail address										
PLANTATION		33313 DALEHOLNESS2010@GMAIL.COM						.COM				
18. I have designated the following bank as my												
19. Name of Bank 20. Address												
BB&T			1	771	NW 40th	Αv	е		•	-	ê	
21. City 22. County					23. Sta	ate			24. Zip Code			
Lauderhill	auderhill Broward				FL 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.										ER AND		
25. Date 26. Signature of Candidate												
4-16-19 X Dat Ralner												
27. Treasure	r's Acce	ptance of Appo	intment	(fill ir	n the blanks a	and	I check the	appropria	te block)			
I, DALE VC HOLNESS , do hereby accept the appointment									t			
	(Pleas	e Print or Type N	Name)									
designated above as:		Campaign T	reasurer		Deputy	Tre	easurer.					
4 el 6 ol 9 X Martolos												
Date				Signa	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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BROWARD COUNTY
SUPERVISOR OF ELECTIONS

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candidate for the office of <a href="BROWARD COUNTY COMMISSION DISTRICT 9">BROWARD COUNTY COMMISSION DISTRICT 9</a>; 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).