

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

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

(PLEASE PRINT OR TYPE)

2019 MAY 10 PM 3:35

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)

ANTHONY L ROBBINS

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

PO BOX 420666  
MIAMI, FL 33242-0666

**4. Telephone**

(954 ) 459-7905

**5. E-mail address**

Info@anthonylrobbins.com

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

BROWARD COUNTY CLERK OF COURTS

**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     INDEPENDENT Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

ANTHONY L ROBBINS

**11. Mailing Address**

PO BOX 420666

**12. Telephone**

( 954 ) 459-7905

**13. City**

MIAMI

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33242-0666

**17. E-mail address**

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

BANK OF AMERICA

**20. Address**

12381 W. Sunrise Blvd.

**21. City**

PLANTATION

**22. County**

BROWARD

**23. State**

FLORIDA

**24. Zip Code**

33322

**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**

05/10/2019

**26. Signature of Candidate**

X 

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

I, ANTHONY L ROBBINS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

05/10/2019

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

**OFFICE USE ONLY**

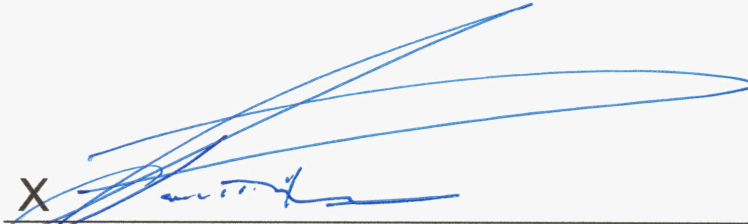
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BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

I, ANTHONY L ROBBINS ,

candidate for the office of BROWARD COUNTY CLERK OF COURTS ;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X 

Signature of Candidate

05/10/2019

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).