

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

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

(PLEASE PRINT OR TYPE)

2020 MAY 27 PM 3: 20

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

*Amended*

**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)

H. WAYNE CLARK

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

6001 SW 20TH ST.  
PLANTATION, FLORIDA 33317

4. Telephone

(786 ) 265-8968

5. E-mail address

contact@wayneforsheriff.com

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

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     REPUBLICAN Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

H. WAYNE CLARK

11. Mailing Address

6001 SW 20TH ST.

12. Telephone

( 786 ) 265-8968

13. City

PLANTATION

14. County

BROWARD

15. State

FL

16. Zip Code

33317

17. E-mail address

contact@wayneforsheriff.com

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

19. Name of Bank

TD BANK

20. Address

1800 NORTH PINE ISLAND RD.

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

*5/27/20*

26. Signature of Candidate

*H. Wayne Clark*

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

I, H. WAYNE CLARK, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

*5/27/20*

Date

*H. Wayne Clark*

Signature of Campaign Treasurer or Deputy Treasurer