

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

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

(PLEASE PRINT OR TYPE)

2019 JUL -2 PM 2:43

BROWARD COUNTY  
SUPERVISOR OF ELECTIONS  
OFFICE USE ONLY

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

**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)

**Raymond L. Hicks**

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

**2681 N. Flamigo rd. Apt 2001S Sunrise  
FL 33323**

**4. Telephone**

**( 954) 347-3361**

**5. E-mail address**

**raymond  
hicks2305@gmail.com**

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

**Broward County 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     **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**

**Raymond L Hicks**

**11. Mailing Address**

**2681 N flamingo Rd Apt 2001S**

**12. Telephone**

**(954) 347-3361**

**13. City** **Sunrise**    **14. County** **Broward**    **15. State** **Fla**    **16. Zip Code** **33323**    **17. E-mail address** **raymondhicks2305@gmail**

**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** **Sunrise**    **22. County** **Broward**    **23. State** **Fla**    **24. Zip Code** **33323**

**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**

**07/02/2019**

**26. Signature of Candidate**

**X** 

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

I, **Raymond L. Hicks**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

**07/02/2019**

Date

**X** 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

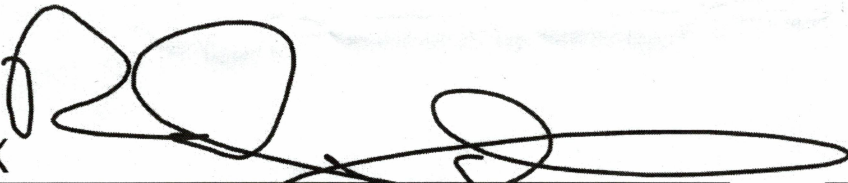
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BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

I, Raymond L Hicks,

candidate for the office of Sheriff;

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

X   
Signature of Candidate

07/02/2019

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).