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

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

(PLEASE PRINT OR TYPE)

2019 AUG -5 AM 9: 06

BROWARD COUNTY SUPERVISOR OF ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account. LAUNSUM. 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) 3. Address (include post office box or street, city, state, zip code) Sarah Leonardi 717 SW 2nd Drive 4. Telephone 5. E-mail address Pompano Beach, FL 33060 (386 ) 3382537 sarahmkleonardi@gmail.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Broward School Board District 3 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 No Party Affiliation Write-In Party candidate. Campaign Treasurer 9. I have appointed the following person to act as my **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer Ross Leonardi 11. Mailing Address 12. Telephone 717 SW 2nd Drive (954) 6462066 13. City 14. County 15. State 16. Zip Code 17. E-mail address 33060 **Broward** FL Pompano Beach rleonardi17@gmail.com □ Primary Depository 18. I have designated the following bank as my Secondary Depository 19. Name of Bank 20. Address 4901 N Federal Hwy Bank of America 21. City 23. State 22. County 24. Zip Code Fort Lauderdale FL Broward 33308 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 2019 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. Campaign Treasurer designated above as: X 08/05/2019 Х

Signature of Campaign Treasurer or Deputy Treasurer

Date

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

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

(PLEASE PRINT OR TYPE)

2019 AUG -5 AM 9: 05

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	5):											
Initial Filing of Form	Re-	filing to Change:	X	reasu	ırer/D	Deputy [	Deposito	ry 🔲	Office		Party		
2. Name of Candidate (in this order: First, Middle, Last)						3. Address (include post office box or street, city, state, zip							
Sarah Leonardi		code) — 717 SW 2nd Drive											
4. Telephone	5. E-mail address				Pompano Beach, FL 33060								
(386 ) 3382537	sarahmkleonardi@gmail.co												
6. Office sought (include district, circuit, group number)						7. If a candidate for a nonpartisan office, check if							
Broward School Board		applicable:  My intent is to run as a W					s a Write-I	n cand	lidate				
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 AffiliationParty candidate.													
9. I have appointed the following person to act as my Campaign Treasurer X Deputy Treasurer													
10. Name of Treasurer or I	Deputy Tr	easurer		7-									
Sarah Leonardi					****								
11. Mailing Address 12. Telephone													
717 SW 2nd Drive					( 386 ) 3382537								
13. City	14. County		15. St	ate	16. Zip Code 17. E-mail add			l address	ress				
Pompano Beach Broward		FL		33060		sarahmkleonardi@gmail.com							
18. I have designated the	K F	Primary Depository Secondary Depository											
19. Name of Bank				20. Address									
Bank of America				4901 N Federal Hwy									
21. City 22. County			23. State						24. Zip Code				
Fort Lauderdale Broward			FL						33308				
UNDER PENALTIES OF PERJU DES		ARE THAT I HAVE OF CAMPAIGN DEF								EASUR	ER AND		
25. Date		26. Signature of Candidate											
08/05/2019 X													
27. Treasur	er's Acce	eptance of Appo	intmen	t (fill i	in the	blanks and	check the	appropria	te block)				
I, Sarah Leonareli , do hereby accept the appointment (Please Print or Type Name)													
designated above as: Campaign Treasurer Deputy Treasurer.													
08/05/201	q		X		1	1							
Date Of St.		Signature of Campaign Treasurer or Deputy Treasurer											