

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

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

(PLEASE PRINT OR TYPE)

2019 JUL 23 AM 8:52

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)

Carla A. Spalding

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

1856 N. Nob Hill Rd  
#296

Plantation FL 33322

**4. Telephone**

(754) 777-8318

**5. E-mail address**

carlaspalding@gmail.com

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

Supervisor of Elections

**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**

Sean Williams

**11. Mailing Address**

1856 N Nob Hill Rd #296

**12. Telephone**

754 777 8318

**13. City**

Plantation

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33322

**17. E-mail address**

sean@westpalmyaccounting.com

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

☒ Primary Depository

☐ Secondary Depository

**19. Name of Bank**

Sun Trust

**20. Address**

12396 West Sunrise Blvd

**21. City**

Plantation

**22. County**

Broward

**23. State**

Florida

**24. Zip Code**

33323

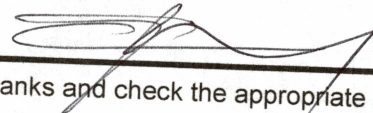
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

7/21/19

**26. Signature of Candidate**

X



**27.**

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

I, Sean Williams

(Please Print or Type Name)

, do hereby accept the appointment

designated above as:

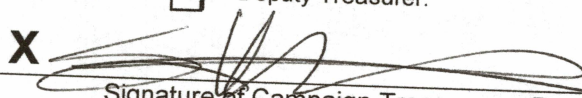
☒ Campaign Treasurer

☐ Deputy Treasurer.

7/21/19

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer



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

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

(PLEASE PRINT OR TYPE)

2019 JUL 23 AM 8:52  
BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

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☒ 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)

**4. Telephone**

**5. E-mail address**

(754) 777-8318

carla.spalding@gmail.com

1856 N. Nob Hill Rd #296

Plantation FL 33322

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

**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.

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**11. Mailing Address**

**12. Telephone**

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

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

☒ Primary Depository

☐ Secondary Depository

**19. Name of Bank**

**20. Address**

**21. City**

**22. County**

**23. State**

**24. Zip Code**

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**25. Date**

**26. Signature of Candidate**

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

I, Carla Spalding, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

7/22/19  
Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2019 JUL 23 AM 8:52

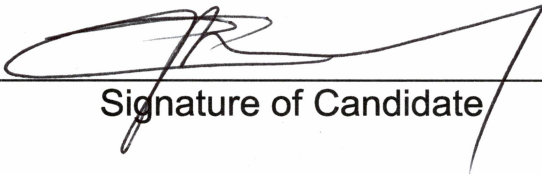
BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

I, Carla A. Spalding,

candidate for the office of Broward County Supervisor of Elections ;

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

X



Signature of Candidate

7/21/19

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).