

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

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

(PLEASE PRINT OR TYPE)

2019 AUG 15 PM 1:51  
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)      **3. Address** (include post office box or street, city, state, zip code)  
 ANTHONY L. ROBBINS      PO Box 420666

**4. Telephone**      **5. E-mail address**  
 (954) 459-7905      info@AnthonyRobbins.com

**6. Office sought** (include district, circuit, group number)      **7. If a candidate for a nonpartisan office, check if applicable:**  
 School Board, Seat 9       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     \_\_\_\_\_ 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**      **12. Telephone**  
 PO Box 420666      (954) 459-7905


**13. City**      **14. County**      **15. State**      **16. Zip Code**      **17. E-mail address**  
 Miami      Miami Dade      FL      33242      anthonylrobbinsphd@gmail.com

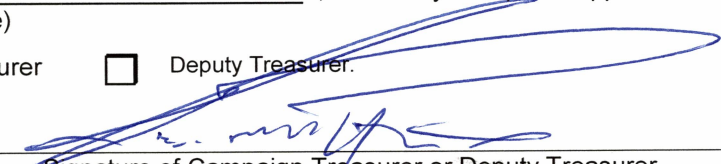
**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**      **20. Address**  
 BANK OF AMERICA      8190 W. SUNRISE BLVD.

**21. City**      **22. County**      **23. State**      **24. Zip Code**  
 PLANTATION      BROWARD      FLORIDA      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**      **26. Signature of Candidate**  
 08/15/2019       

**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.  
08/15/2019         
 Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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BROWARD COUNTY  
SUPERVISOR OF ELECTIONS

I, ANTHONY L ROBBINS ,

candidate for the office of SCHOOL BOARD, SEAT 9 ;

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

X



Signature of Candidate

08/15/2019

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).