

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

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

(PLEASE PRINT OR TYPE)

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

2020 MAR 31 AM 8:50

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

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)

Catherine S McBreen

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

3849 Gulfstream Way
Davie, FL

4. Telephone

(847) 204 8284

5. E-mail address

cmcbreen54@icloud.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

CHARLES E. SOLAK

11. Mailing Address

2542 MARATHON LANE

12. Telephone

(954) 327-9212

13. City

FORT LAUDERDALE

14. County

BROWARD

15. State

FL

16. Zip Code

33312

17. E-mail address

csolak@solakco.com

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

19. Name of Bank

Chase

20. Address

5500 S Flamingo Rd

21. City

Cooper City

22. County

Broward

23. State

FL

24. Zip Code

33330

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

3/26/20

26. Signature of Candidate

X 

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

I, Charles E Solak, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

MARCH 26, 2020

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)

2020 MAR 31 AM 10:48

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)

Catherine S McBreen

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

3849 Gulfstream Way
Davie, FL

4. Telephone

(847) 204 8284

5. E-mail address

cmcbreen54@icloud.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

Catherine McBreen

11. Mailing Address

3849 Gulfstream Way

12. Telephone

(847) 204-8284

13. City

Davie

14. County

Broward

15. State

FL

16. Zip Code

33328

17. E-mail address

cmcbreen54@icloud.com

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

19. Name of Bank

Chase

20. Address

5500 S Flamingo Rd

21. City

Cooper City

22. County

Broward

23. State

FL

24. Zip Code


33330

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

3/31/20

26. Signature of Candidate

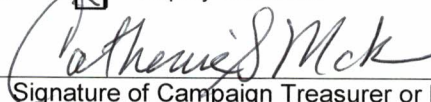


27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Catherine S McBreen, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/31/20
Date


Signature of Campaign Treasurer or Deputy Treasurer