

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

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

(PLEASE PRINT OR TYPE)

2020 JUL 28 PM 2:04

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):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Jacob E Segal

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

3819 hayes street
Hollywood, FL 33019

4. Telephone

(954) 2972351

5. E-mail address

segalfirmmobile@yahoo.com

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

County Court Judge, District 17, Group 27

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 _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Jacob E Segal

11. Mailing Address

3819 hayes street

12. Telephone

(954) 2972351

13. City

hollywood

14. County

Broward

15. State

fl

16. Zip Code

33021

17. E-mail address

segalfirmmobile@yahoo.com

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

19. Name of Bank

City National Bank of Florida

20. Address

1845 hollywood boulevard

21. City

Hollywood

22. County

Broward

23. State

Florida

24. Zip Code

33021

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

7/28/2020

26. Signature of Candidate

X 

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

I, Jacob E Segal, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

7/28/2020

Date

X


Signature of Campaign Treasurer or Deputy Treasurer