

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

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

(PLEASE PRINT OR TYPE)

2020 JUN -1 AM 9: 01

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)

CASIMIRO NAVARRO

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

8964 SW 52ND PLACE
COOPER CITY, FL 33328

4. Telephone

(954) 868-0832

5. E-mail address

CAZI6658@GMAIL.COM

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

SHERIFF OF BROWARD COUNTY

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

EILEEN PADILLA-NAVARRO

11. Mailing Address

8964 SW 52ND PLACE

12. Telephone

(754) 224-6406

13. City

COOPER CITY

14. County

BROWARD

15. State

FL

16. Zip Code

33328

17. E-mail address

CAZI6658@GMAIL.COM

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

19. Name of Bank

WE FLORIDA FINANCIAL CREDIT UNION

20. Address

1982 N SR 7

21. City

MARGATE

22. County

BROWARD

23. State

FL

24. Zip Code

33063

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

06/01/2020

26. Signature of Candidate

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

I, EILEEN PADILLA-NAVARRO, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/01/2020

Date

Signature of Campaign Treasurer or Deputy Treasurer

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25. Date

06/01/2020

26. Signature of Candidate

X

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

I, CASIMIRO NAVARRO, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

06/01/2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2020 JUN -1 AM 9:01

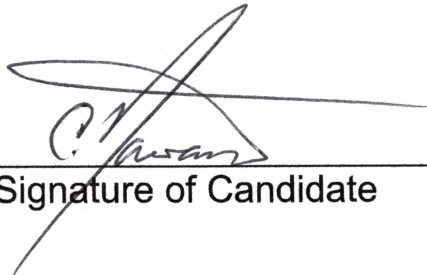
BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, CASIMIRO "CAZI" NAVARRO ,

candidate for the office of SHERIFF OF BROWARD COUNTY ;

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

X



Signature of Candidate

06/01/2020

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).