

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

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

(PLEASE PRINT OR TYPE)

2020 JUN -5 PM 4: 03

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)

MARK ALAN SPEISER

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

3400 GALT OCEAN DRIVE
APT-1810-S
FORT LAUDERDALE, FLORIDA
33308

4. Telephone

(954) 242-8449

5. E-mail address

MARK905A@YAHOO.COM

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

BROWARD COUNTY CLERK OF COURT

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 DEMOCRATIC Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

JAY SHAPIRO

11. Mailing Address

1950 N. COMMERCE PARKWAY, SUITE 5,

12. Telephone

(954) 385-6616

13. City

WESTON

14. County

BROWARD

15. State

FLORIDA

16. Zip Code

33326

17. E-mail address

JAY@JAYSHAPIROCPA.COM

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

19. Name of Bank

SUN TRUST BANK

20. Address

1200 WESTON ROAD

21. City

WESTON

22. County

BROWARD

23. State

FLORIDA

24. Zip Code

33326

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

June 4, 2020

26. Signature of Candidate

X Mark A. Speiser

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

I, JAY S. SHAPIRO, CPA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/4/20
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

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

10. Name of Treasurer or Deputy Treasurer

MARK ALAN SPEISER

11. Mailing Address

3400 GALT OCEAN DRIVE, APT. 1810-S

12. Telephone

(954) 2428449

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25. Date

JUNE 4, 2020

26. Signature of Candidate

X Mark A. Speiser

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

I, MARK A. SPEISER, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

JUNE 4, 2020

Date

X Mark A. Speiser

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, MARK A. SPEISER,

candidate for the office of BROWARD COUNTY CLERK OF COURT

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Mark A. Speiser

Signature of Candidate

June 5, 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).