## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR

**POLITICAL COMMITTEES** 

(Sections 106.011(2) and 106.021(1), F.S.)

SUPERVISOR OF ELECTIONS
2022 MAY 11 PM 35 40

| CHECK APPROPRIATE BOX:  |   | ,         |                    |
|---|---|-----------|--------------------|
| Initial Filing for: Primary Treasurer Deputy Treasurer  | AMER  | a3Ga      | OFFICE USE ONLY    |
| Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository  |   |           |                    |
| 1. Committee  Broward Young Democre   | 2. Telephone<br>(954) 667-3185                          |           |                    |
| Name of Treasurer or Deputy Treasurer     4. Email (optional)   | 5. Telephone (optional) ada gmail: lom ( ) 954 401 6115 |           |                    |
| 6. Mailing Address 575 NE 5th Terrau #531, Fort Laudurdale, FL 33301  |   |           |                    |
| 7. Street Address 575 NE 5th Terrace #531, Fort Lauderdale, FC 33301  |   |           |                    |
| 8. The following bank has been designated as the Primary Depository Secondary Depository  |   |           |                    |
| 9. Name of Bank   | 10. Street Address                                      |           |                    |
| TD Bank   | 1215 SE 17th St.  |           |                    |
| 11. City Fort Landerdale  | 12. Sta   | te<br>- L | 13. Zip Code 33316 |
| 14. Signature of Chairman   | 15. Name of Chairman (Print or Type)                    |           |                    |
| XZZ   | Nancy Fry   |           |                    |
| Campaign Treasurer's Acceptance of Appointment  |   |           |                    |
| I,  | , do hereby accept the appointment as                   |           |                    |
| treasurer or deputy treasurer for  Brownd Jung DemonalS  (Committee)  |   |           |                    |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE. |   |           |                    |
| 5/9/2022 X Mul MM   |   |           |                    |
| Date Signature of Campaign Treasurer or Deputy Treasurer  |   |           |                    |

## OFFICE USE ONLY REGISTERED AGENT STATEMENT OF APPOINTMENT SUPERVISOR OF ELECTIONS (Section 106.022, F.S.) 2022 MAY 11 PH 32 40 Original Appointment Change of Appointment Change of Mailing Address Change of Physical Address **Registered Agent and Office Information** Name Street Address City Mailing Address Zip Code City I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer. 05/09/2022 Signature of Registered Agent Former Registered Agent and Office Information (for changes only) Telephone Name Street Address of Terrace # City Zip Code **Committee or Organization Information** Name of Committee or Organization Telephone 954-667-3185 Street Address State City Zip Code FL 33073 Signature of Chairperson

Date