

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

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

(PLEASE PRINT OR TYPE)

2021 MAY 21 PM 3:22

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)

EDISON JULES

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

P.O. BOX 631
HALLANDALE BEACH, FL
33009

4. Telephone

(954) 696-6369

5. E-mail address

EJULES007@gmail.com

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

BROWARD
COUNTY COMMISSION DISTRICT 8

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 DEM Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

KARL CONSTANT

11. Mailing Address

1451 W. CYPRESS CREEK RD

12. Telephone

(954) 607-7575

13. City

FORT LAUDERDALE

14. County

BROWARD

15. State

FL

16. Zip Code

33069

17. E-mail address

COGIT01804@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

WELLS FARGO

20. Address

2300 N. UNIVERSITY DR.

21. City

SUNRISE

22. County

BROWARD

23. State

FL

24. Zip Code

33322

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

05-21-21

26. Signature of Candidate

X

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

I, KARL CONSTANT, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/21/21
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)

2021 MAY 21 PM 3: 22

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

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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)

EDISON Jules

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

P.O. BOX 631
HALLANDALE BEACH, FL
33009

4. Telephone

(954) 696-6369

5. E-mail address

EJules007@gmail.com

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

BROWARD COUNTY COMMISSION DISTRICT 8

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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 DEM Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

EDISON Jules

11. Mailing Address

P.O. BOX 631

12. Telephone

(954) 696-6369

13. City

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25. Date

05-21-21

26. Signature of Candidate

X 

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

I, EDISON Jules, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

05-21-21
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

2021 MAY 21 PM 3:23

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, EDISON JULES,
candidate for the office of BROWARD COUNTY COMMISSIONER;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 
Signature of Candidate

5-21-21
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).