

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

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

(PLEASE PRINT OR TYPE)

2022 FEB -7 PM 4:32

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)

DR. JOSETTA SHARINDA DESTIN-WASHINGTON

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

1242 S. Pine Island 408  
Plantation, FL 33324

4. Telephone

(954) 829-1897

5. E-mail address

josestt.destin@gmail.com

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

District 1 School board member

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

Israel Washington II

11. Mailing Address

6703 N.W. 39th Lane

12. Telephone

(954) 275-2863

13. City

Lauderhill

14. County

Broward

15. State

FL

16. Zip Code

33319

17. E-mail address

iwii@hotmail.com

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

19. Name of Bank

Bank of America

20. Address

1745 E. Sunrise Blvd

21. City

Ft. Lauderdale

22. County

Broward

23. State

FL

24. Zip Code

33304

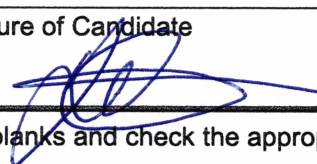
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

1/30/22

26. Signature of Candidate

X



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

I, Israel Washington II, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

2/3/2022  
Date

X

Israel Washington II

Signature of Campaign Treasurer or Deputy Treasurer

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**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)      3. Address (include post office box or street, city, state, zip code)  
 Josetta Sharinda Destin - Washington      1242 S. Pine Island Rd, 408  
 Plankton, FL 33324

4. Telephone      5. E-mail address  
 (954) 829-1897      josetta.destin@gmail.com

6. Office sought (include district, circuit, group number)      7. If a candidate for a **nonpartisan** office, check if applicable:  
 District 1 School board member       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  
 Josetta Destin - Washington

11. Mailing Address      12. Telephone  
 1242 S. Pine Island Road, 408      (954) 829-1897

13. City      14. County      15. State      16. Zip Code      17. E-mail address  
 Plantation      Broward      FL      33324      josetta.destin@gmail.com

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

19. Name of Bank      20. Address  
 Bank of America      1745 E. Sunrise Blvd

21. City      22. County      23. State      24. Zip Code  
 Ft. Lauderdale      Broward      Florida      33304

**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      26. Signature of Candidate  
 1/30/22      X

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
 I, Josetta Destin - Washington, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:       Campaign Treasurer     Deputy Treasurer.  
 \_\_\_\_\_      X   
 Date      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, Dr. Josetta Destin-Washington,  
candidate for the office of District 1 School board member;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

  
Signature of Candidate

1/30/22  
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).