APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

2022 FEB 14 PM 1:55

SUPERVISOR OF THE ROTHER OFFICE USE ONLY

| 1. CHECK APPROPRIATE BOX(ES): | | |
|---|--|--|
| Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Depository Party | | |
| 2. Name of Candidate (in this order: First, Middle, Last) Jimmy B. Witherspadn 4. Telephone 5. E-mail address witherspadn 4 bcsb@gm;1. Com 3. Address (include post office box or street, city, state, zip code) 2677 NW 9th Street Ft. Landadle FL 33811 | | |
| 6. Office sought (include district, circuit, group number) Broward County School Board D:st. 5 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 <u>partisan</u> 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 Jimmy B. W. Hurspoon | | |
| 11. Mailing Address 12. Telephone | | |
| 2677 NW 9th Street (754)246-5412 13. City 14. County 15. State 16. Zip Code 17. E-mail address | | |
| 13. City 14. County 15. State 16. Zip Code 17. E-mail address FL 3331/ Wherspoodbesbogmail.com | | |
| 18. I have designated the following bank as my | | |
| 19. Name of Bank 20. Address 1 North State Road 7 | | |
| TD Bank 1 North State Road 21. City PlantAion 22. County Broward 23. State Florida 33317 | | |
| 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 | | |
| 2-11-2022 X Juny | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | |
| I, Jimmy B. W. W. Speace print or Type Name), do hereby accept the appointment | | |
| designated above as: Campaign Treasurer. Deputy Treasurer. | | |
| 2-11-2022 X Jum All | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | |

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| officer before opening the campaign account. | OFFICE USE ONLY | |
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| 1. CHECK APPROPRIATE BOX(ES): | | |
| Initial Filing of Form Re-filing to Change: T | reasurer/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 | |
| J.mmy Bernand Witherspoon | Code) 2677 NW 9th Street Fort Landwork FL 33311 | |
| | Fort Landwork FL 33311 | |
| 4. Telephone 5. E-mail address Witherpoon 4 beste g mail | 7 | |
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a <u>nonpartisan</u> office, check if | |
| Broward County School Board | applicable: My intent is to run as a Write-In candidate. | |
| District 5 | | |
| 8. If a candidate for a <u>partisan</u> 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 Virigina Smith 11. Mailing Address 12. Telephone | | |
| 11. Mailing Address | 12. Telephone | |
| 11. Mailing Address 2740 NW 24 th C+ | (954) 599-1927 | |
| 13. City Ft. Laurdurdle 14. County Broward FL | 10000011000 | |
| | | |
| | | |
| 19. Name of Bank TD Bank | 20. Address North State Road 7 | |
| 21. City 22. County | 23. State 24. Zip Code | |
| Plantation Broward | Florida 33317 | |
| 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 | |
| 2-11-2022 | X Jums Ma | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | |
| 1. VIRGINIA Smith | , do hereby accept the appointment | |
| (Please Print or Type Name) | | |
| designated above as: Campaign Treasurer. | Deputy Treasurer. | |
| 2-11-2022 X | Virgina Amil | |
| Date | Signature of Campaign Treasurer or Deputy Treasurer | |

STATEMENT OF **CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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SUPERVISOR OF BLEEFOND

candidate for the office of Broward County School Board Dist. 5

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

Signature of Candidate

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).