## 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

2022 FEB 28 AM 10: 58



officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES):  $\Box$ Initial Filing of Form Party Re-filing to Change: Treasurer/Deputy Depository Office 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Ft. hauderdale IFC Dr. Brenda Fam 5. E-mail address 4. Telephone (954) 478-3735 Fam 45ehool Board 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if School Board district 6 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 candidate. Partv Campaign Treasurer **Deputy Treasurer** I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer 13761 N GARDEN COVE CIRCLE

3. City Davie 14. County 15. State

Broward H 12. Telephone (a54) 937 50 13. City Davie 16. Zip Code 17. E-mail address Elaine 330210 Yahoo. Con 33325 Primary Depository 18. I have designated the following bank as my Secondary Depository 20. Address 19. Name of Bank 8980 State Rd. 84 SPACE COAST CREDITUNION 21. City 24. Zip Code Davie 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 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. eling Liu
(Please Print or Type Name) , do hereby accept the appointment Campaign Treasurer Deputy Treasurer. designated above as: Signature of Campaign Treasurer or Deputy Treasurer

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SUPERVISOR OF FLECTION

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change: 🔲 Ti	reasurer/Deputy
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Manda tam	code) 2350 S.W. 106 Way bavil
4. Telephone 5. E-mail address	FL 33304
(954) 478-3735 Fam 4School Board @ to loud.com	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
School Board district 6	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	
11. Mailing Address	12. Telephone
2350 S.W. 106 Way Dav	UPL 1954,478-3135
13. City 14. County 15. State 16. Zip Code 17. E-mail address 13.3324 Fam 4 Schox BOORDA	
18. I have designated the following bank as my	
19. Name of Bank 20. Address 20. Address	
Space Coast Credit Union 8980 State Rd. 84	
Davie 22. County	23. State 24. Zip Code
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
2/28/20	x Brexche tem
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Brenda Fam (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
2/22 X Brendon Ford	
	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 THE CLICK

1, <u>Dr. Brenda</u> Ham
candidate for the office of School Board District 6;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
x Brenda Jam 2/28/22
Signature of Candidate 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).