

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY
CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK

2024 MAR 12 AM 10: 01

I, Thomas McMahon ,

candidate for the office of Pompano Beach District 3 Commissioner ;

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

X



Signature of Candidate

03/7/2024

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).

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

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

(PLEASE PRINT OR TYPE)

CITY OF POMPANO BEACH
OFFICE OF THE CITY CLERK

2024 MAR 12 AM 10: 01

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Thomas McMahan

3. Address (include PO Box or Street, City, State, Zip Code):

473 NE 1 st, Pompano Beach, FL, 33060

4. Telephone:

(954) 866-0905

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

TomRmcmahon@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Pompano Beach District 3

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Thomas McMahan

12. Telephone:

(954) 866-0905

13. Email Address:

Tomrmcmahon@gmail.com

14. Mailing Address:

473 NE 1 ST, Pompano Beach, FL, 33060

15. City:

Pompano Beach

16. State:

FL

17. Zip Code:

33060

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Centennial Bank

20. Address:

400 N Federal Hwy, Pompano Beach, FL 33062'

21. City:

Pompano Beach

22. County:

Broward

23. State:

FL

24. Zip Code:

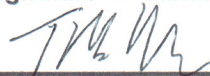
33060

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

25. Date:

3-7-24

26. Signature of Candidate:



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

I, Thomas McMahan do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

3-7-24

29. Signature of Campaign Treasurer or Deputy Treasurer

