

**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 25 AM 10:15

I, GRANT ANUTEN,

candidate for the office of COMMISSION - DISTRICT 5;

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

X   
Signature of Candidate

25 MARCH 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 25 AM 10:15

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)

GRANT MICHAEL ARCHER

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

460 NW 27<sup>th</sup> AVE  
POMPANO BEACH, FL 33069

4. Telephone:

(516) 712 9965

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

grante@ssbenefitsgroup.com

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

DISTRICT 5 COMMISSION

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:

GRANT ARCHER

12. Telephone:

(516) 712 9965

13. Email Address:

grante@ssbenefitsgroup.com

14. Mailing Address:

460 NW 27<sup>th</sup> AVE

15. City:

POMPANO BEACH

16. State:

FL

17. Zip Code:

33069

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

19. Name of Bank:

BANK OF AMERICA

20. Address:

4803 COCONUT CREEK PIKE

21. City:

POMPANO BEACH

22. County:

BROWARD

23. State:

FL

24. Zip Code:

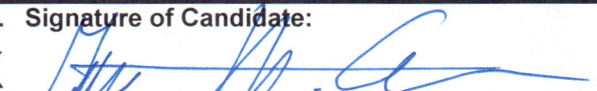
33066

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: 25 MARCH 2024

26. Signature of Candidate:

X



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

I, GRANT ARCHER do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 25 MARCH 2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X

