

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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

2022 MAR 30 AM 9:46

I, Mary Scofield-Phillips,

candidate for the office of Commissioner Pompano Beach District 4 ;

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

X

Mary Scofield-Phillips  
Signature of Candidate

3/30/22

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).

**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.**

CITY OF POMPAÑO BEACH  
OFFICE OF THE CITY CLERK

2022 MAR 30 PM 1:13

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)

Mary A Scofield-Phillips

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

384 NW 19th St  
Pompano Beach, FL 33060

**4. Telephone**

(754 ) 366-1055

**5. E-mail address**

msphillips27@gmail.com

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

Commissioner Pompano Beach District 4

**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**

Esther Rose Kennedy

**11. Mailing Address**

2731 NW 9th St

**12. Telephone**

( 754 ) 273-2102

**13. City**

Pompano Beach

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33069

**17. E-mail address**

erosekennedy@gmail.com

**18. I have designated the following bank as my**

☐ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Wells Fargo Bank

**20. Address**

2200 West Atlantic Blvd

**21. City**

Pompano Beach

**22. County**

Broward

**23. State**

Florida

**24. Zip Code**

33069

**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**

3/30/22

**26. Signature of Candidate**

X *Mary A Phillips*

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

I, Esther Rose Kennedy, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

3/30/2022  
Date

X *Esther Kennedy*  
Signature of Campaign Treasurer or Deputy Treasurer



**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  
2022 MAR 30 PM 1:18

**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)

Mary A Scofield-Phillips

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

384 NW 19th St  
Pompano Beach, FL 33060

**4. Telephone**

(754 ) 366-1055

**5. E-mail address**

msphillips27@gmail.com

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

Commissioner Pompano Beach District 4

**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**

Elizabeth M. Phillips

**11. Mailing Address**

384 NW 19th St

**12. Telephone**

( 754 ) 235-9500

**13. City**

Pompano Beach

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33060

**17. E-mail address**

elizabeth@pushinc.net

**18. I have designated the following bank as my**

☐ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Wellsfargo Bank

**20. Address**

2200 West Atlantic Blvd

**21. City**

Pompano Beach

**22. County**

Broward

**23. State**

Florida

**24. Zip Code**

33069

**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**

3/30/22

**26. Signature of Candidate**

X *Mary A. Phillips*

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

I, Elizabeth M. Phillips, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer    ☒ Deputy Treasurer.

3/30/22

Date

X

*Elizabeth Phillips*  
Signature of Campaign Treasurer or Deputy Treasurer