

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2019 JUN 19 AM 11:08

PALM BEACH COUNTY, FL

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)

Deandre Poole

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

P. O. Box 220851
West Palm Beach, FL 33422

4. Telephone

(561) 331-1531

5. E-mail address

djpoolephd@outlook.com

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

Supervisor of Elections

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 Democratic 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

()

13. City

14. County

15. State

16. Zip Code

17. E-mail address

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

20. Address

21. City

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

6/19/19

26. Signature of Candidate

X *Deandre Poole*

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

I, _____, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

X

Date

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)

SUPERVISOR OF ELECTIONS

2019 MAY -1 PM 1:47

PALM BEACH COUNTY, FL.

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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)

Deandre J. Poole

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

P. O. Box 220851
West Palm Beach, FL 33422

4. Telephone

(561) 331-1531

5. E-mail address

dypoolephd@outlook.com

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

Supervisor of Elections

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

Stephanie O. Poole

11. Mailing Address

P. O. Box 220851

12. Telephone

(561) 571-5602

13. City

West Palm Beach

14. County

Palm Beach

15. State

FL

16. Zip Code

33422

17. E-mail address

Smartindvm@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Bank of America

20. Address

5337 N. Military Trail

21. City

West Palm Beach

22. County

Palm Beach

23. State

FL

24. Zip Code

33407

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

5-1-19

26. Signature of Candidate

X *Deandre J. Poole*

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

I, Stephanie Poole, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/1/19

Date

X

Stephanie Poole

Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

Deandre J. Poole

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

P.O. Box 220851
West Palm Beach, FL 33422

4. Telephone

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5. E-mail address

dypoolephd@outlook.com

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Supervisor of Elections

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Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Deandre J. Poole

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P.O. Box 220851

12. Telephone

(561) 331-1531

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West Palm Beach

14. County

Palm Beach

15. State

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Bank of America

20. Address

5337 N. Military Trail

21. City

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22. County

Palm Beach

23. State

FL

24. Zip Code

33407

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25. Date

5-1-19

26. Signature of Candidate

X Deandre J. Poole

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

I, Deandre J. Poole, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

5-1-19

Date

X Deandre J. Poole

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

SUPERVISOR OF ELECTIONS

2019 MAY -1 PM 1:47

PALM BEACH COUNTY, FL.

I, Deandre J. Poole,

candidate for the office of Supervisor of Elections;

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

X 
Signature of Candidate

5/17/19
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).