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.

OFFICE USE ONLY

officer before opening the	_					Ur	FICE	JOE I	UNLT			
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party									Party			
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include page 1)								ice box or	street.	city, sta	ate. z	ip
MAE SMITH						code)						
						951 NW 33rd WAY						
4. Telephone	5. E-mail address				LAUDERHILL, FL 33311							
(954) 279-3406	maesmith2002@gmail.com											
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if						
CITY OF LAUDERHILL COMMISSION SEAT 1						applicable:						
My							My intent	t is to run	as a W	rite-In c	andi	date.
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 AffiliationParty candidate.												
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer												
MAE SMITH												
11. Mailing Address 12. Telephone												
951 NW 33rd WAY (954) 279-3406												
13. City	14. County 15. State				e 16. Zip Code 17. E-mail address							
LAUDERHILL	LAUDERHILL BROWARD FL					33311 maesmith2002@gmail.com						
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank					20. Address							
TD BANK					490 NORTH STATE ROAD 7							
21. City	22. County			23. State			24. Zip Code					
MARGATE	BROWARD				FL					33063		
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.									R AND			
25. Date 26						6. Signature of Candidate						
1/4/20					(Mae Smile							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
MAE SMITH , do hereby accept the appointment												
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
1/4/20 x ma Smith												
Date Signature of Campaign Treasurer or Deputy Treasurer												

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officer before opening the campaign account.	OFFICE USE ONLY								
1. CHECK APPROPRIATE BOX(ES):									
Initial Filing of Form Re-filing to Change: 😿 T	reasurer/Deputy Depository Office Party								
2. Name of Candidate (in this order: First, Middle, Last) Mac Smith 4. Telephone (954) 279-3406 5. E-mail address Mocsmith 2002@gmail.com Mocsmith 2002@gmail.com									
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if								
Lauderhill	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 as applicable. Wy intent is to run as a									
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 1305)542-5110									
13. City 14. County 15. Sta Document Creek Broward FL	ate 16. Zip Code 17. E-mail address - 33000 Robin - S52@hotmail.com								
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank	20. Address 490 N. State Rd. 7								
21. City 22. County Broward	23. State 24. Zip Code 35043								
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								
1/4/20	X / You Smuch								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
, do hereby accept the appointment (Please Print or Type Name)									
designated above as: Campaign Treasurer Deputy Treasurer.									
X Rolled Sucroa Signature of Campaign Treasurer or Deputy Treasurer									