

**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

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)

MAE SMITH

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

4. Telephone

5. E-mail address

MAESMITH2024@GMAIL.COM

6. Office sought (include district, circuit, group number)
CITY OF LAUDERHILL COMMISSION SEAT 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

SHELTON POOLER

11. Mailing Address

12. Telephone

13. City

14. County

15. State

16. Zip Code

17. E-mail address

MAESMITH2024@GMAIL.COM

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

19. Name of Bank

TD BANK

20. Address

7345 W OAKLAND PARK BLVD

21. City

LAUDERHILL

22. County

BROWARD

23. State

FL

24. Zip Code

33319

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

6/15/23

26. Signature of Candidate

X Mae Smith

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

6/15/2023
Date

X Shelton Pooler
Signature of Campaign Treasurer or Deputy Treasurer

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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)

WARENCE MAE SMITH

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

4. Telephone

5. E-mail address

MAESMITH2024@GMAIL.CC

6. Office sought (include district, circuit, group number)
CITY OF LAUDERHILL COMMISSION SEAT 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.

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10. Name of Treasurer or Deputy Treasurer

WARENCE MAE SMITH

11. Mailing Address

12. Telephone

()

13. City

14. County

15. State

16. Zip Code

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MAESMITH2024@GMAIL.COM

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25. Date

6/15/23

26. Signature of Candidate

X *Warence Smith*

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

I, WARENCE MAE SMITH, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/15/23
Date

X *Warence Smith*
Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

I, MAE SMITH,

candidate for the office of CITY OF LAUDERHILL SEAT 4 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Mae Smith
Signature of Candidate

6/15/23
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).