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

CITY CLERK

2016 APR -4 AM 11: 12

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) HWTER CHRISTIAN ALTSCHW 4. Telephone 5. E-mail address (954) 288 2043 h@lfschu@FAU.E	3. Address (include post office box or street, city, state, zip code) 921 SE 5th CT, FORT LAVDERPALE, FL 33301	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if	
CITY COMMISSION DISTRIE	_ = *	
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 HUNTER ALTSCHU-		
11. Mailing Address	12. Telephone	
921 SE 5th CT	(954) 288 2043	
13. City LAUDERDALE 14. County 15. St BROWARD FL		
18. I have designated the following bank as my	Primary Depository Secondary Depository	
19. Name of Bank SUNTRUST BANK	20. Address 501 E. LAS OLAS BLVD	
21. City FONT LANDERDALE BROWNED	23. State 24. Zip Code 373 6 (
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	
APR 04, 2016	x tunt	
27. Treasurer's Acceptance of Appointment	t (fill in the blanks and check the appropriate block)	
1,	, do hereby accept the appointment	
designated above as: Campaign Treasure	r Deputy Treasurer.	
04/04/2016 X	Signature of Campaign Treasurer or Deputy Treasurer	
Date	ONLIGUE DE CAMBRION TERRITOR OF DANIIV Traggurar	

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1. CHECK APPROPRIATE BOX(ES):	· · ·
	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Hunter Christian Altschul	- G21 SE 5th CT, FT LAUDERDA
4. Telephone 5. E-mail address	
(954)288.2043 haltschue fav.edu FL, 33301	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
CITY COMMISSION DISTRICT	4 applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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 HUNTER ALTSCHUL	
11. Mailing Address	12. Telephone
921 SE 5th CT 13. City 14. County 15. Sta	(954) 288 - 2043
13. City 14. County 15. Sta FT LAUDERDALE TSROWARD FL	
18. I have designated the following bank as my	
19. Name of Bank SAMK OF AMERICA	20. Address 401 Fo LAS OLAS BLVD
EANR OF AMERICA 21. City FT LANDERDALE 22. County BROWARD	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	26. Signature of Candidate
03/23/2016	X tool
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
, trunter Altscha	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Deputy Treasurer Deputy Treasurer.	
03/23/2016 X HATCA	
Date	Signature of Campaign Treasurer or Deputy Treasurer