## 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 CLERK

2017 JUL -6 PM 1: 15

OFFICE USE ONLY

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1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Change: X Treasurer/Deputy Depository Office Party											
2. Name of Candidate (in t	-									etate	
Dr. Ben Sorensen	ast) 3. Address (include post office box or street, city, state, acode)								ΖΙΡ		
4. Telephone		701 Southeast 7 Street									
		ail address	!=4== =		Fort Lauderdale, FL 33301						
954 ) 802-3311 ben@optimumassociates.cor											
6. Office sought (include d	per)					a <u>nonpar</u> t	<u>tisan</u> office	, chec	k if		
City of Fort Lauderdale	IV	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											
10. Name of Treasurer or Deputy Treasurer											
Golden Johansson											
11. Mailing Address		12. Teleph									
6117 NW 74th Terrace					( 954 ) 279-0755						
13. City	14. County		15. State			16. Zip Code 17. E-mail address					
Parkland Broward			FL		330	gjohansson@legacybankfl.com					1
18. I have designated the following bank as my Primary Depository Secondary Depository											
19. Name of Bank		20. Address									
Legacy Bank of Florida	T-22-2		12 SE 7th Street								
21. City					23. State				24. Zip Code 33301		
	ort Lauderdale Broward			FL							
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											
06/27/2017 X h & Sm											
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:	$\boxtimes$	Campaign T	reasure	:r	$\Box$	Deputy Tre	asurer.				
06/27/20	,	X	W. Deutram								
Date		Signature of Campaign Treasurer or Deputy Treasurer									