

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

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

(PLEASE PRINT OR TYPE)

CITY CLERK

2017 OCT 24 PM 12:38

**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)

Tim Smith

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

1720 NE 9 Ave  
Pt. Laud. FL. 33305

4. Telephone

(954) 822-4727

5. E-mail address

tim@timsmith.com

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

Fort Lauderdale City Comm. 5389er Dist II

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

Tim Smith

11. Mailing Address

1720 NE 9 Ave

12. Telephone

(954) 822-4727

13. City

Fort Lauderdale

14. County

Broward

15. State

FL

16. Zip Code

33305

17. E-mail address

tim@timsmith.com

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

19. Name of Bank

Bank of America

20. Address

401 E. LAS OLAS BLVD

21. City

FORT LAUDERDALE

22. County

BROWARD

23. State

FL

24. Zip Code

33301

**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

Oct 24, 2017

26. Signature of Candidate

X Tim Smith

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

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

designated above as:  Campaign Treasurer     Deputy Treasurer.

Oct 24, 2017

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

CITY CLERK

2017 NOV -6 PM 12: 27

(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)

TIM SMITH

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

1720 NE 9 AVE.  
FT. LAUDERDALE, FL 33305

**4. Telephone**

(954) 822-4727

**5. E-mail address**

tim@timsmith.com

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

DIST. II FT. LAUD. CITY COMMISSION

**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**

MARGERY LOUISE ANDERSON

**11. Mailing Address**

800 NE 16 COURT FT. LAUD. FL 33305

**12. Telephone**

(954) 675-2287

**13. City**

FT. LAUD.

**14. County**

BROWARD

**15. State**

FL

**16. Zip Code**

33305

**17. E-mail address**

margery1@bellsouth.net

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

**19. Name of Bank**

BANK OF AMERICA

**20. Address**

401 E. LAS OLAS BLVD.

**21. City**

FT. LAUDERDALE

**22. County**

BROWARD

**23. State**

FL

**24. Zip Code**

33301

**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**

Nov 6 2017

**26. Signature of Candidate**

X 

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

I, MARGERY LOUISE ANDERSON, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

Nov. 1, 2017  
Date

X Margery Louise Anderson  
Signature of Campaign Treasurer or Deputy Treasurer