

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

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

(PLEASE PRINT OR TYPE)

CITY OF FORT LAUDERDALE

2024 JUN -5 AM 10:53

NOTE: This form must be on file with the filing officer before opening the campaign account.

OFFICE USE ONLY

CITY CLERK'S OFFICE

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):
(Please Print or Type Name)

Christopher Paul Nelson

3. Address (include PO Box or Street, City, State, Zip Code):

520 SE 5th Ave #1101
Ft Lauderdale, FL 33301

4. Telephone:

(954) 380-0200

5. Candidate's Voter Registration #:

122132879

(not required for qualifying purposes)

6. Email Address:

cnelsonftl@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Mayor of Ft Lauderdale

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Nicole Struelens

12. Telephone:

(714) 747-2086

13. Email Address:

nicole.lourres@gmail.com

14. Mailing Address:

520 SE 5th Ave #1101

15. City:

Ft Lauderdale

16. State:

FL

17. Zip Code:

33301

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Bank of America

20. Address:

901 SE 17th St

21. City:

Ft Lauderdale

22. County:

Broward

23. State:

FL

24. Zip Code:


33316

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

June 5, 2024

26. Signature of Candidate:



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

I, Nicole Struelens do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

6/5/24

29. Signature of Campaign Treasurer or Deputy Treasurer



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CITY OF FORT LAUDERDALE

2024 JUN -5 AM 10:53

CITY CLERK'S OFFICE 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):
(Please Print or Type Name)

Christopher P. Nelson

3. Address (include PO Box or Street, City, State, Zip Code):

520 SE 5th Ave #1101
Ft Lauderdale, FL 33301

4. Telephone:

(954) 380-0200

5. Candidate's Voter Registration #:

122132829

(not required for qualifying purposes)

6. Email Address:

cnelsonftl@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Mayor

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Christopher Nelson

12. Telephone:

(954) 380-0200

13. Email Address:

cnelsonftl@gmail.com

14. Mailing Address:

520 SE 5th Ave #1101

15. City:

Ft Lauderdale

16. State:

FL

17. Zip Code:

33301

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Bank of America

20. Address:

901 SE 17th St

21. City:

Ft Lauderdale

22. County:

Brown

23. State:

FL

24. Zip Code:

33301

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

6/5/24

26. Signature of Candidate:

X 

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

I, Chris Nelson do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

6/5/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 