

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

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

03-03-14A11:42 RCVD

(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)

JUDY ANN PAUL

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

14421 SW 24 ST
DAVIE, FL 33325

4. Telephone

(954) 476 2515

5. E-mail address

jpaulconsulting@msn.com

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

MAYOR TOWN OF DAVIE

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

DONNA DEMAILO EVANS

11. Mailing Address

4141 SW 84 TERR

12. Telephone

(954) 914-0283

13. City

DAVIE

14. County

BROWARD

15. State

FL

16. Zip Code

33328

17. E-mail address

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

19. Name of Bank

PNC BANK

20. Address

2400 S. University Dr.

21. City

DAVIE

22. County

BROWARD

23. State

FL

24. Zip Code

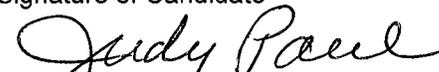
33324

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

3/3/14

26. Signature of Candidate



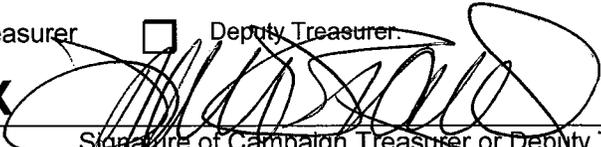
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, DONNA DEMAILO EVANS, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer

3/3/14
Date


Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

03-03-14A11:51 RCVD 

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)

JUDY PAUL

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

14421 SW 24 ST
DAVIE, FL 33325

4. Telephone

(954) 476 2515

5. E-mail address

jpaulconsulting@msn.com

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

MAYOR TOWN OF DAVIE

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

JUDY PAUL

11. Mailing Address

14421 SW 24 ST

12. Telephone

()

13. City

DAVIE

14. County

BR.

15. State

FL

16. Zip Code

33325

17. E-mail address

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

19. Name of Bank

PNC BANK

20. Address

2400 S. University Dr

21. City

DAVIE

22. County

BROWARD

23. State

FL

24. Zip Code

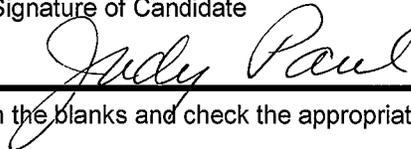
33324

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

3/3/14

26. Signature of Candidate

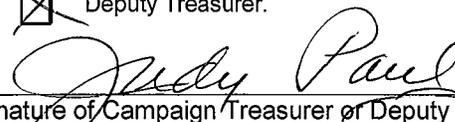


27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, JUDY PAUL, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/3/14
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

03-03-14A11:42 RCVD

I, JUDITH "JUDY" PAUL,
candidate for the office of MAYOR;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Judith "Judy" Paul 4-3-14
Signature of Candidate 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).

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Not for use by Judicial or
School Board Candidates)

03-03-14A11:42 RCVD

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, JUDITH "JUDY" PAUL
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of MAYOR, _____,
(office) (district #)
_____ ; I am a qualified elector of BROWARD County, Florida;
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Judith Paul (954) 476 2515 j.paul@consultingmsa.com
Signature of Candidate Telephone Number Email Address Com

14421 SW 24 ST DAVIE FL 33325
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101243471

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 3rd day of March, 2014.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Evelyn Roig
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public
