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 filing officer before opening the campaign account.

CITY OF FORT LAUDERDALE

2024 JUN 13 PH 1: 23

CITY CLERK'S OFF QEFICE USE ONLY

4 CUECK APPROPRIATE BOY/ES):						
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)						
, , , , , ,	520 SE 5th Ame #1101					
Christopher P. Nelson	Ft Landerdale. FL 33301					
	1-7 Landerdall, TL 3001					
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:						
(954) 290 -0200 ID212839 Cnelson FH/Egmail. Com						
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box						
Mayor, f Ft Lande-doll if applicable:						
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						
11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address:						
Nicole Strelens (714,747-2086 nicolourres@gmal.com						
14. Mailing Address: 5+4 Are #1101 Ff	y; 16. State: 17. Zip Code: 3370/					
18. I have designated the following bank as my (check appro						
	20. Address:					
Space Coast Credit Unon	1595 N Federal Hay					
21. City: Ff Landerdoll 22. Co	unty: 23. State: 24. Zip Code: 33304					
1 1 1 1 1 1 1 1 1 1						
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 18, 2024	26. Signature of Capalidate:					
25. Date: June 13 (June 1)	X/L					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)						
Nrole Struelens						
(Please Print or Type Name)	do hereby accept the appointment designated above as:					
Campaign Treasurer. Deputy Treasurer.						
	29. Signature of Campaign Treasurer of Deputy Treasurer					
28. Date: 6-13-2024	X Mool & Struct					
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.					

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opening are campaign account					
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) Chashpler P. Nelson	56 F	10 St + Low	E 5th A dedule, F	ity, State, Zip Code): と #1101 と プリフリ	
1. Telephone: 954, 380 - 6200 5. Candidate's Voter Registration #: 122132839 (not required for qualifying purposes) 6. Email Address: Cnelsonf+l@gman1.com					
7. Office Sought (include district, circuit, group, or seat #): Myor of ff Landedde 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	e. 🔲			Party candidate.	
10. I have appointed the following person to act as my				y Treasurer	
11. Name of Treasurer or Deputy Treasurer: Chrs to pher P. Nelson 12. Telephone: (954) 380-0200 Cnelson ftlegand.com 14. Mailing Address: 520 SE 5 th Are #1101 15. City: Ff Lowderdule 16. State: 31301					
14. Mailing Address: 15 Ame #1101	5. City: F-f Lowder	dule	16. State:	17. Zip Code: 3/30/	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository					
19. Name of Bank: Space Const Credit Uran 20. Address: 1595 N Federal Hary 21. City: Ef Landerdole 22. County: 23. State: 24. Zip Code: 73704					
21. City: Ef Landerdole 2	2. County:		23. State: <i>FL</i>	24. Zip Code:	
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 13.2024	JUNE 13, 2024 26. Signature of Capdidate: X				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)					
I,do hereby accept the appointment designated above as:					
☐ Campaign Treasurer. ☐ Deputy Treasurer.					
28. Date: 6/13/24	29. Sigr	nature of Ca	ampaign Treasurer	of Deputy Treasurer	
DS-DE 9 (Eff. 10/23)				Rule 1S-2.001, F.A.C.	