

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

CITY OF HALLANDALE  
CITY CLERK

14 JUN 18 AM 11:29

(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)    3. Address (include post office box or street, city, state, zip code)  
 Leo P GRACHOW    200 Leslie Dr  
 Apt # 818  
 Hallandale Beach FL 33009

4. Telephone    5. E-mail address  
 (954) 455-5644    leo.grachow@gmail.com

6. Office sought (include district, circuit, group number)    7. If a candidate for a nonpartisan office, check if applicable:  
 Commissioner Seat # 2     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  
 Amy GRACHOW

11. Mailing Address    12. Telephone  
 200 Leslie Dr, Apt #818, Hallandale Beach FL 33009    (954) 455-5644

13. City    14. County    15. State    16. Zip Code    17. E-mail address  
 Hallandale Beach    Broward    FL    33009    grachowfam@juno.com

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

19. Name of Bank    20. Address  
 TD Bank    1626 E. Hallandale Beach Blvd

21. City    22. County    23. State    24. Zip Code  
 Hallandale Beach    Broward    FL    33009

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  
 6/17/14   

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  
 I, Amy GRACHOW, do hereby accept the appointment  
 (Please Print or Type Name)  
 designated above as:  Campaign Treasurer     Deputy Treasurer.  
6/17/14    Amy Grachow  
 Date    Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF  
CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY OF HALLANDALE  
CITY CLERK

14 JUN 18 AM 11:29

I, Leo GRACHOW,

candidate for the office of City Commissioner Seat #2;

have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X



Signature of Candidate

6/17/18  
su

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)

CITY OF HALLANDALE  
CITY CLERK

14 JUN 18 AM 11:29

OFFICE USE ONLY

OATH OF CANDIDATE  
(Section 99.021, Florida Statutes)

I, Leo GRACHOW

(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 Commissioner, 2,  
(office) (district #)

2; 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.

X 

Signature of Candidate

(954) 455-5644

Telephone Number

leograchow@gmail.com

Email Address

200 Leslie Dr Apt #818 Hallandale Beach FL 33009

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 101603431

\* 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):

Lee-o Gra-chow

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of June, 2014.

Personally Known:  or



Signature of Notary Public

Produced Identification: \_\_\_\_\_

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: \_\_\_\_\_

NOTARY PUBLIC, STATE OF FLORIDA  
 Stephanie Lamanna  
Commission # EE009295  
Expires: JULY 18, 2014  
BONDED THRU ATLANTIC BONDING CO., INC.