

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

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

(PLEASE PRINT OR TYPE)

CITY OF HALLANDALE
CITY CLERK

14 JUN 19 AM 10:40

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)

CSABA G. KULIN

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

600 NE 14TH AVE #220
HALLANDALE BEACH, FL 33009

4. Telephone

(440) 759-6696

5. E-mail address

CKULIN@NETSCAPE.COM

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

CITY COMMISSIONER SEAT # 1

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

CSABA G. KULIN

11. Mailing Address

600 NE 14TH AVE. #220 HALLANDALE BEACH 33009
FL

12. Telephone

(440) 759-6696

13. City

HALLANDALE BEACH

14. County

BROWARD

15. State

FL

16. Zip Code

33009

17. E-mail address

CKULIN@NETSCAPE.COM

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

19. Name of Bank

CITY NATIONAL BANK

20. Address

1995 E. HALLANDALE B. BLVD

21. City

HALLANDALE BEACH

22. County

BROWARD

23. State

FL

24. Zip Code

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

6-19-2014

26. Signature of Candidate

X 

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

I, CSABA G. KULIN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-19-2014

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

CITY OFFICE USE ONLY
CITY CLERK


14 JUN 19 PM 4:21

I, ESABA KULIN,

candidate for the office of CITY COMMISSIONER SEAT #1

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

X



Signature of Candidate

6-19-2014

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 19 PM 4:21

OFFICE USE ONLY

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, CHUCK KULIN

(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 HALLANDALE BEACH CITY COMMISSIONER

(office)

(district #)

1; 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] 440-759-6696 CKULIN@NETSCAPE.COM

Signature of Candidate

Telephone Number

Email Address

600 NE 14TH AVE #220 HALLANDALE BEACH, FL 33009

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 102482405

* 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):

CH-uhk K-oo-LIN

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 19 day of June, 2014.

Personally Known: X or

Produced Identification: _____

Type of Identification Produced: _____



CHRISTOPHER J. TALMADGE
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE036719
Expires 10/31/2014

Christopher J. Talmadge
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public