## 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 qualifying officer before opening the campaign account.

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**OFFICE USE ONLY** 

1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party												D - 4	
							_	Deposito		Office	<u> </u>	Party	
2. Name of Candidate (in this order: First, Middle, Last)						3. Address (include post office box or street, city, state, zip code)							
Ronald Wayne Acoff						18002 Lanai Isle Drive							
4. Telephone	5. E-ma	ail address	T	Tampa, FL 33647									
(504 ) 782-1072	ronaco	off@gmail.com											
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if							
Cory Lake Isle CDD District Supervisor Seat #1						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													
Cassandra Acoff													
11. Mailing Address 12. Telephone													
18002 Lanai Isle Dr		( 813 ) 746-5114											
13. City	14. C	14. County 15. S			te 16. Zip Code 17. E-			17. E-mail	mail address				
Tampa	Hillsborough FL				33647 cassacoff@gmail.com								
18. I have designated the following bank as my													
19. Name of Bank					20. Address								
Regions Bank 8						805 New Tampa Blvd							
21. City	22. County			23. State						24. Zip Code			
Tampa	Hillsborough				FI					33647			
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.	26. Signature of Candidate											
6/11/2020	X	x/////////////////////////////////////											
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I, Cassandra G. Acoff, do hereby accept the appointment													
(Please Print or Type Name)													
designated above as: Campaign Treasurer Deputy Treasurer.													
6-11-2020 X (Ma)													
Date Signature of Campaign Treasurer or Deputy Treasurer													