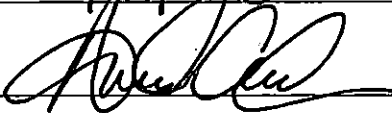




CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL REVISED

Candidate Name	Amanda Cochran		*24MFR04PM02085101 Lee Co Fl
Residence Address			
City and Zip Code			
Mailing Address	<input checked="" type="checkbox"/> Check if same as above.	<input type="checkbox"/> Check if different from residence	
	6325 Presidential Cir. Ste #7A Fort Myers, Fl. 33919		
Telephone Number(s)	<input type="checkbox"/> Daytime (list below)	OR	<input type="checkbox"/> Alternate (list below)
	239-980-6271		
Campaign Email Address	Amanda Cochran For Lee County@gmail.com		
Campaign Website	AmandaSCochran.com		
Office Sought	Lee County Commissioner		
Area, District, Group or Seat #	5		
<p>→ Judicial, School Board, and Special District Offices such as Community Development, Fire, Lee Health System, Library and Mosquito Control are non-partisan offices. A candidate for these offices, must indicate "non-partisan" on the line below.</p> <p>→ A candidate for a Constitutional Office or County Commission may file partisan or "No Party Affiliation" (NPA) and shall indicate a political party affiliation or "No Party Affiliation" on the line below.</p>			
→ Political Party for Office Sought	Republican		
Incumbent	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Date of Birth or Voter Registration ID #	12/27/1975		111624664
Candidate Signature & Date			

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote or visit the following link: <https://www.lee.vote/Candidates/Archived-Candidate-Lists>. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. If you have questions or need more information about becoming a candidate for public office, please call (239) LEE-VOTE (239-533-8683) and ask for the Qualifying Department.

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

I, Amanda Cochran

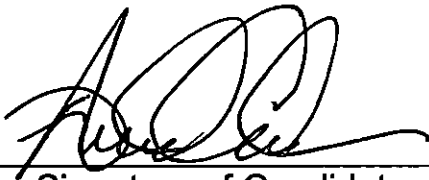
candidate for the office of Lee County Commissioner District 5

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

24118R04PM03203 SDE Lee Co Fl

X



Signature of Candidate

3/4/2024

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).

**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.

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):
(Please Print or Type Name)

Amanda Cochran

3. Address (include PO Box or Street, City, State, Zip Code):

6325 Presidential Ct, Suite 2A
Fort Myers, FL 33919

4. Telephone:

(941) 980-3572

5. Candidate's Voter Registration #:

111624664

(not required for qualifying purposes)

6. Email Address:

AmandaSCochran@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Lee County Commissioner Dist 5

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. Republican Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Fran Slump

12. Telephone:

(941) 488-7794

13. Email Address:

fran@robinsongruter.com

14. Mailing Address:

133 S Harbor Dr

15. City:

Venice

16. State:

Florida

17. Zip Code:

34285

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Truist Bank

20. Address:

200 Nokomis Ave. S.

21. City:

Venice

22. County:

Sarasota

23. State:

FL

24. Zip Code:

4285

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:

3/4/2024

26. Signature of Candidate:

X



27.

Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Fran Slump

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

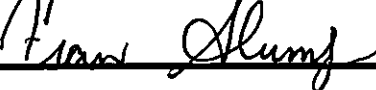
Deputy Treasurer.

28. Date:

2/26/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X



**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.

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):
(Please Print or Type Name)

Amanda Cochran

3. Address (include PO Box or Street, City, State, Zip Code):

6325 Presidential Ct, Suite 7a
Fort Myers, Fl. 33919

4. Telephone:

(941) 980-3572

5. Candidate's Voter Registration #:

111624664

(not required for qualifying purposes)

6. Email Address:

AmandaSCochran@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

Lee County Commissioner Dist 5

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. Republican Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Eric Robinson

12. Telephone:

(941) 488-7794

13. Email Address:

eric@robinsongruters.com

14. Mailing Address:

133 S Harbor Dr

15. City:

Venice

16. State:

Florida

17. Zip Code:

34285

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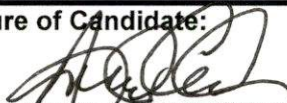
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

3/4/2024

26. Signature of Candidate:

X



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

I, Eric Robinson do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

2/26/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X

