

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

I will of receive or spend money on my compound.

RECEIVED

2018 JUN 18 PM 12 36

NOTE: This form must be on file with the qualifying officer before opening the campaign account.			SE (*				OFFICE USE ONLY				
1. CHECK APPROPRIATE B	OX(ES):										
✓ Initial Filing of Form	Re-filing to Change:	П Т	reasur	er/De	eputy [Depository		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip											
MARTIN ALLEN COHN			Code) 72UG ASHLAND GLEN								
4. Telephone 5. E-mail address				Ω	DANG	a Tasi	FL	342	2_		
4. Telephone 5. E-mail address (941) 373 6652 Carrynminty earlier BRADENTON FL 34202											
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if							
LAKEWOOD RANCH-CDD5				applicable:							
SEAT 5				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											
11. Mailing Address		1:	2. Telep	hone							
						()				
13. City 14. County		15. Sta	15. State		Zip Code 17. E-mail addre		ddress	s			
18. I have designated the following bank as my					y Depositor	y 🔲 S	econda	ry Deposito	ory		
19. Name of Bank				20. Address							
21. City	22. County				23. State			24. Zip Co	ode		
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(5(18				x Mayla (O Cohi							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
, do hereby accept the appointment											
(Please Print or Type Name)											
designated above as:	Campaign T	Treasure	er		Deputy Tre	easurer.					
		X									
Date			Signa	ture	of Campai	gn Treasurer o	or Depu	ty Treasure	er		