

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

RECEIVED

2015 SEP 23 PM 3: 10

SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization UNITED STATES PAIN ALLIANCE	2. Telephone (352) 208-3635
--	---------------------------------

3. Name of Treasurer or Deputy Treasurer D SCOTT CORDREY	4. Email (optional) <i>scottrc1975@gmail.com</i>	5. Telephone (optional)
--	---	-------------------------


6. Mailing Address
3110 SE 38 ST OCALA, FL 34480

7. Street Address
3110 SE 38 ST OCALA, FL 34480

8. The following bank has been designated as the **Primary Depository** **Secondary Depository**

9. Name of Bank FLORIDA CITIZENS BANK	10. Street Address 720 S PINE AVE
---	---

11. City OCALA	12. State FL	13. Zip Code 34480
--------------------------	------------------------	------------------------------

14. Signature of Chairman 	15. Name of Chairman (Print or Type) D SCOTT CORDREY
--	--

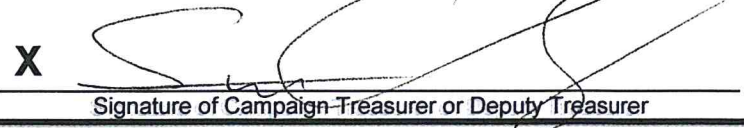
Campaign Treasurer's Acceptance of Appointment

I, **D SCOTT CORDREY**, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for **UNITED STATES PAIN ALLIANCE**
(Committee or Organization)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

9/23/2015
Date


Signature of Campaign Treasurer or Deputy Treasurer