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

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

(PLEASE PRINT OR TYPE)

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2011 OCT 14 PM 4: 29

MIAMI-DADE ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account

officer before opening th	e camp	aign account.								OFFICE	: USE	ONLY
1. CHECK APPROPRIATE Initial Filing of Form	•	ES): te-filing to Change	» 🔲 -	Treas	urer/	Deputy [Deposito	ory []	Office		Party
2. Name of Candidate (in	this ord	er First Middle. I	ast)	T:	3 Ad	dress (inclu			r etre	eet city	etate :	
Don S. Cohn				0	3. Address (include post office box or street, city, state, zip code) 175 N.W. 1st Avenue Room#2920						πÞ	
4. Telephone	5. E-m	nail address		•		ni, Florida		UUIIITE	720			
(305) 349-5674		n@jud11.flcourt		L	/// // // // // // // // // // // // //	// I Per (14. 14. 14. 14. 14. 14. 14. 14. 14. 14.						
6. Office sought (include of	listrict, c	circuit, group num	ber)			7. If a can	didate for a	a <u>nonpa</u>	rtisa	ın office,	, chec	k if
County Court Judge - Group 40						applical	ble: My intent	is to run	as a	ı Write-In	candi	date.
8. If a candidate for a part	isan of	fice, check block	k and fil	il in n	ame	of party as	applicable	e: My ir	itent	t is to run	as a	
	9. I have appointed the following person to act as my											
10. Name of Treasurer or Deputy Treasurer Hector Lombana												
11. Mailing Address				***************************************	***************************************			12. Tel	ephc	one	*************************************	
2701 Ponce de Leon Bo			·	·			·	(305) 4	148-401	0	····
13. City	1	County	15. Sta	1	1	Zip Code	17. E-mai	address	5			
Miami	Dade	a !	Florida	a	331	56	info@ga	mbalon	nba	na.com	1	
18. I have designated the	ollowir	ng bank as my	×			ry Depositor	ry 🔲	Second	ary i	Deposito	ry	
19. Name of Bank			1	i	Addre							
Sabadell United Bank				9100	0 So	outh Dadel	land Boul	evard	#10)7		
21. City	-	22. County				23. State			24	4. Zip Co	de	
Miami		Dade				Florida			33	3156		
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 X An An Cohn												
27. Treasure	27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I. (Please Print or Type Name)											
		Hee	FOR.	TI	on	BANK	1 do here	abv acce	ot th	e appoin	tment	
	(Pleas	se Print or Type N	ame)	•			Process		F -		••••	
designated above as:	X	Campaign Tr	easurer			Deputy Trea	asurer.					
10/11/2011			X									
Date			Signa	ignature of Campaign Treasurer or Deputy Treasurer								

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

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

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MIAMI-DADE ELECTIONS

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1. CHECK APPROPRIATE										
✓ Initial Filing of Form	•	e-filing to Change:	: Tre	asurer/	/Deputy	Deposito	ory 🔲	Office		Party
2. Name of Candidate (in	this orde	ar: First, Middle, L	.ast)	1 .	ddress (includ	de post offic	se box or	street, city,	state, :	zip
Don S. Cohn				code) 175	e) N.W. 1st A	Avenue Ro	oom#29	20		
4. Telephone		nail address			mi, Florida		/*****			
(305) 349-5674	dcohn	@jud11.flcourt	is.org					<u></u>		
6. Office sought (include d	istrict, c	circuit, group num!	ber)	1	1		a <u>nonpar</u> t	<u>tisan</u> office,	, chec	k if
County Court Judge - C	≩roup ∠	40		-	applicat		is to run ε	as a Write-In	n cand	idate.
8. If a candidate for a <u>part</u>	<u>isan</u> off	fice, check block	and fill in	name	of party as	applicable	: My int	tent is to run	as a	
☐ Write-In 🔀 No F	Party Aff	filiation		······································	description of the section of the se		Pŧ	arty cand	didate.	
9. I have appointed the fol			s my	Car	mpaign Treas	asurer 🔀	Depu	uty Treasure	r	
10. Name of Treasurer or D	eputy T	reasurer								
Beth Abramson										·
11. Mailing Address				A	-		12. Tele	•	· -	<u>-</u>
2451 N.E. 196th Street		· _ · · · · · · · · · · · · · · · · · ·) 935-488	30	·
13. City		County	15. State]	3. Zip Code	17. E-mail			-	
Miami	Dade		Florida		180			Isouth.net		***************************************
18. I have designated the t	ollowin	ıg bank as my		- , - , , - , - , - , - , - , - , - ,	ary Depositor	У	Seconda	ary Deposito	ر yry	
19. Name of Bank				0. Addre	•		·			!
Sabadell United Bank	r	T-2 2	<u> </u>	100 Sc	outh Dadel		evard 7	#107	*	
21. City Miami		22. County Dade			23. State Florida		1	24. Zip Co 33156	de	!
				~~~				<u> </u>		
**************************************		LARE THAT I HAVE R	POSITORY AN	ND THAT	T THE FACTS S	STATED IN IT			ASURE	R AND
25. Date	1. 4		26	3. Signa	ature of Cand	didate			-	
10/11/11 X Don Sell										
27. Treasure	r's Acce	eptance of Appoi	intment (fi	Il in the	blanks and	check the a	appropriat	te block)		
, do hereby accept the appointment (Please Print or Type Name)										
designated above as:	Ę	] Campaign Tr	reasurer	$\boxtimes$	Deputy Trea	asurer.				:
Date  X Dett Compaign Treasurer  Signature of Campaign Treasurer or Deputy Treasurer										

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

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

NOTE: This form must be on file with the qualifying

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MIAMI-DADE ELECTIONS

OFFICE USE ONLY

officer perore opening the	e campa	aign account.						وجوانس بالمساوات	UFFIC	E USE	ONLI
1. CHECK APPROPRIATE  Initial Filing of Form	•	<b>is):</b> e-filing to Change:	. 🗆 -	Treası	urer/	Deputy [	<b>Deposito</b>	ory	Office		Party
2. Name of Candidate (in	this orde	er: First, Middle, L	ast)	3	3. Ad	ldress (includ	de post offic	e box or	street, city,	state,	zip
Don S. Cohn				C	code) 175 N.W. 1st Avenue Room#2920						
4. Telephone	5. E-m	ail address				ni, Florida	· · · ·	/VIIII			
(305 ) 349-5674	dcohn	@jud11.flcourt	ts.org								· · · <u></u>
6. Office sought (include d	listrict, c	ircuit, group num'	ber)	**************************************		7. If a cand	didate for a	nonpart	isan office	, chec	k if
County Court Judge - Group 40						applicat		s to run a	as a Write-I	n cand	idate.
8. If a candidate for a <u>part</u>	<u>isan</u> off	ice, check block	c and fil	ll in na	ame	of party as	applicable:	: My int	tent is to rur	n as a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Write-In ☒ No Party Affiliation ☐								Pa	arty cand	didate.	
9. I have appointed the following person to act as my					Can	mpaign Trea	surer 🔀	Depu	ity Treasure	>r	
10. Name of Treasurer or Deputy Treasurer Don S. Cohn											
11. Mailing Address				<del></del>	<del></del>			12. Tele	phone		
175 N.W. 1st Avenue M	liami, F	-lorida							) 349-56	74	·
13. City	14. C	County	15. St	ate	16.	. Zip Code	17. E-mail	address			
Miami	Dade	э'	Florid	а	331	128	dcohn@j	ud11.flc	courts.org	j	
18. I have designated the	followir	ıg bank as my	D			ary Depositor	ry 🔲	Seconda	ary Deposit	ory	
19. Name of Bank			!	20. A				-			
Sabadell United Bank				9100	<u> 0 Sc</u>	outh Dadel	land Boule	evard 7			
21. City		22. County		-	-	23. State			24. Zip C	ode	-
Miami		Dade				Florida		· · · · · · · · · · · · · · · · · · ·	33156		
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	25. Date 26. Signature of Candidate										
10 (11 X				X							
27. Treasure	r's Acce	eptance of Appoi	intmen	t (fill ir	n the	blanks and	check the a	appropriat	te block)		:
, DON S	? Or	olth					do here	hv accer	ot the appoi	intmen'	+
1,	(Pleas	se Print or Type N	lame)	<del></del>	*************		, WO 11010	iby doc	76 ն Ռաբարարա -	IIIIii	•
designated above as:	Ē	] Campaign Tr	-	:r	X	Deputy Tre	asurer.		11		
1011111	(		X			6	Ater	-Ar.	John		
			Signa	ignature of Campaign Treasurer or Deputy Treasurer							

## STATEMENT OF CANDIDATE FOR JUDICIAL OFFICE

(Section 105.031(5), F.S.) (Please Type)

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MIAMI-DADE ELECTIONS

1,	
a judicial candidate, have received	, read, and understand the requirements
of the Florida Code of Judicial Con-	duct.
	Den Dechn
	(Signature of candidate)
	10/11/11
	(Date)
	an incumbent judge, shall file a statement with th Appointment of Campaign Treasurer and Designatio

Don S. Cohn

of Campaign Depository.

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)
(Please print or type)

## RECEIVED.

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MIAMI-DADE ELECTIONS

I. Don S. Cohn	
candidate for the office of County Court Ju	idge - Group 40 ;
have been provided access to read and understand	d the requirements of
Chapter 106, Florida Statutes.	
x Day Cohn	10/11/11
Signature of Candidate	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).

# Receipt of Handbook and the Election Laws of the State of Florida GOUNTY



Candidate/Chairperson:						
Don Ste	ephen		Cohn			
First Name	Middle Na	me	Last	Name		
County Court Judge - Group 40						
Office S	Sought / Or	ganization				
This is to acknowledge my receipt of the	following	documents:				
Handbooks Available	Edition	Downloaded from Internet	CD-Rom		Other	
The Election Laws of the State of Florida		X				***************************************
Miami-Dade County Qualifying Handbook	A A A A A A A A A A A A A A A A A A A	×				
Committee Handbook		×			<u>~</u>	entring.
Electioneering Committee Handbook		×		mã Mà	5	M
	1	ı	'		<u>+</u>	
	9	120			T T	m
Received by:	ndidate/Ch	pairparaan Sign	noturo	<del>,</del>	29	
,	ndigate/Ci	nairperson Sig	nature			
Date:						
305-349-5674	<b></b>	No.: 305-349-	6023			
Phone No.: 305-349-5674	Fax	No.:		and the state of t		
= mail addraga dcohn@iud11.flcourts.org						

# ROMAN

### Campaign Treasurer's Report Electronic Filing Requirements for Miami-Dade County



☑ Candidate (office sough	nt): County Court Judge - group 40	
☐ Political Committee:		····
☐ Party Executive Commi	ittee:	2011 0
□ Other:		000
	TOAO	
1,	Don S. Cohn  (Please print name of Candidate or Chairperson)	
	(Please print name of Candidate or Chairperson)	<del>-8-</del>
comply with Miami-Dade Comply with Miami-Dade County Election deadline with original signal	f the Campaign Treasurer's Reports must be printed fro tions Department website and submitted by the rep	om the
		<del></del>
Day Time Telephone No:	ndidate or Chairperson Date  305-349-5674  11flcourts.org	

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

# JUDICIAL OFFICE CANDIDATE OATH

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MIAMI-DADOFFICE USE ONLY

ELECTIONS

OATH OF	O A LIDID A TE		stray Cura
UAIHUF	CANDIDATE	(Section 105.031,	Florida Statutes)

I, Don S. Cohn (PLEASE PRINT NAME AS YOU WISH IT TO API	PEAR ON THE BALLOT * NAME MAY	NOT BE CHANGED AFTER	THE END OF QUALIFYING)
am a candidate for the judicial office of	County court Judge	,, (district #)	
; my legal residence is (group #)	Dade	` '	; I am a qualified elector
of the state and of the territorial jurisdiction and the Laws of Florida to hold the judicional have qualified for no other public office in the office I seek; and I have resigned from a Statutes; and I will support the Constitution	al office to which I desire to be the state, the term of which offi my office which I am required n of the United States and the G	e elected or in whic ice or any part there to resign pursuant Constitution of the S	th I desire to be retained; I to runs concurrent with the to Section 99.012, Florida State of Florida.
of Florida and of the United Statutes, oath (of Florida and of the United States of Ame of public funds as such employee or office the United States and of the State of Florida	erica, and being employed by o er, do hereby solemnly swear	or an officer of the co	ourt system and a recipient
x WTEN	(305)349-5674	dcohn@jud11flc	ourts.org
Signature of Candidate	Telephone Number	Email /	Address
175 N.W. 1st Avenue Mia		Florida 331 State	28 ZIP Code
Candidate's Florida Voter Registration Nun	nber (located on your voter inform	nation card): 0073	
* Please print name phonetically on the line disabilities (see instructions on page 2 of the	e below as you wish it to be pronis form):	_	dio ballot for persons with
STATE OF FLORIDA COUNTY OF <u>Hisry</u> - Sode		2	
Sworn to (or affirmed) and subscribed b	efore me thisday of	1 Octobe	<u>/</u>
Personally Known: or			. 2
Age and the second seco	<u>~</u>	well to the transmission	COLUMN TO THE STREET OF THE ST
Produced Identification:		nature of Notary Public nt, Type, or Stamp Comm	nissioned Name of Notary Public