

**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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MIAMI-DADE
ELECTIONS

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)

Don S. Cohn

3. Address (include post office box or street, city, state, zip code)

175 N.W. 1st Avenue Room#2920
Miami, Florida 33128

4. Telephone

(305) 349-5674

5. E-mail address

dcohn@jud11.flcourts.org

6. Office sought (include district, circuit, group number)

County Court Judge - Group 40

7. If a candidate for a nonpartisan office, check if 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

Hector Lombana

11. Mailing Address

2701 Ponce de Leon Boulevard - Mezzanine

12. Telephone

(305) 448-4010

13. City

Miami

14. County

Dade

15. State

Florida

16. Zip Code

33156

17. E-mail address

info@gambalombana.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Sabadell United Bank

20. Address

9100 South Dadeland Boulevard #107

21. City

Miami

22. County

Dade

23. State

Florida

24. Zip Code

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

10/11/11

26. Signature of Candidate

Don S. Cohn

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

I, *Hector J Lombana* *Hector J Lombana*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/11/2011

Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

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Miami, Florida 33128

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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

Beth Abramson

11. Mailing Address

2451 N.E. 196th Street

12. Telephone

(305) 935-4880

13. City

Miami

14. County

Dade

15. State

Florida

16. Zip Code

33180

17. E-mail address

auntiebeth@bellsouth.net

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Sabadell United Bank

20. Address

9100 South Dadeland Boulevard #107

21. City

Miami

22. County

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25. Date

10/11/11

26. Signature of Candidate

X 

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

I, Beth Abramson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Date

10/11/11

X 
Signature of Campaign Treasurer or Deputy Treasurer

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Don S. Cohn

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175 N.W. 1st Avenue Room#2920
Miami, Florida 33128

4. Telephone

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9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Don S. Cohn

11. Mailing Address

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12. Telephone

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13. City

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14. County

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15. State

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25. Date

10/11/11

26. Signature of Candidate

Don S. Cohn

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

I, Don S. Cohn, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

10/11/11

Don S. Cohn

Date

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE
FOR JUDICIAL OFFICE**

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

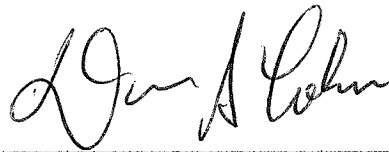
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ELECTIONS

I, Don S. Cohn

a judicial candidate, have received, read, and understand the requirements
of the Florida Code of Judicial Conduct.



(Signature of candidate)

10/14/11

(Date)

Each candidate for judicial office, including an incumbent judge, shall file a statement with the qualifying officer, within 10 days after filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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ELECTIONS

I, Don S. Cohn,


candidate for the office of County Court Judge - Group 40 ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



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**



Candidate/Chairperson:

Don	Stephen	Cohn
First Name	Middle Name	Last Name

County Court Judge - Group 40

Office Sought / Organization

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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 ELECTIONS

Received by: _____
Candidate/Chairperson Signature

Date: 10/11/11

Phone No.: 305-349-5674 Fax No.: 305-349-6023

E-mail address: dcohn@jud11.flcourts.org

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



- Candidate (office sought): County Court Judge - group 40
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

I, Don S. Cohn
(Please print name of Candidate or Chairperson)

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MIAMI-DADE
ELECTIONS

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understand that Campaign Treasurer's Reports must be filed electronically in order to comply with Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Don S. Cohn 10/11/11
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-349-5674

Email Address: dcohn@jud11fcourts.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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ELECTIONS

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Don S. Cohn

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of County court Judge, -, 11th,
(office) (district #) (circuit #)
40; my legal residence is Dade County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X [Signature] (305)349-5674 dcohn@jud11fcourts.org
Signature of Candidate Telephone Number Email Address

175 N.W. 1st Avenue Miami Florida 33128
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 00730455

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form): DON S. COHN

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11th day of October, 2011.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced _____

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



ELIZABETH FENTE GONZALEZ
MY COMMISSION # DD 998879
EXPIRES: June 29, 2014
Bonded Thru Budget Notary Services