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.

RECEIVED

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CITY OF ... BEACH
... THE CITY CLE...

OFFICE USE ONLY

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1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form   Re-filing to Change: [X] Treasurer/Deputy [X] Depository [ ] Office [ ] Party

2. Name of Candidate (in this order: First, Middle, Last)
Stephen Cohen

3. Address (include post office box or street, city, state, zip code)
1555 Calais Dr. Miami Beach, FL 33141

4. Telephone
(786) 4130920

5. E-mail address
sbcequities@aol.com

6. Office sought (include district, circuit, group number)
City commission Group 5

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 [X] Campaign Treasurer [ ] Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Eric Stoller

11. Mailing Address
1891 NE 164th St Ste 103

12. Telephone
(646)920.9160

13. City
N miami Bch

14. County
Dade

15. State
Fl

16. Zip Code
33162

17. E-mail address
Ericelamchampionmarkst.com

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

19. Name of Bank
SunTrust Bank

20. Address
1665 Alton Rd

21. City
Miami Beach

22. County
Miami-Dade

23. State
Fl

24. Zip Code
33139

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
8/29/19

26. Signature of Candidate
X _(signature)_

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

I, ___Eric Stoller___ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: [X] Campaign Treasurer [ ] Deputy Treasurer.

8/29/19
Date

X _(signature)_
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.