STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE TYPE)

OFFICE USE ONLY

2006 JUL 20 AM 8: 34

KURTS GROWNING SUPERVISOR OF ELECTIONS NEW PORT RICHEY, FLORIDA

		1
CHECK APPROPRIATE BOX:		
Original Appointment Deputy Treasurer	Reappointment of Treasu	rer Secondary Depository
Name of Candidate 1. Address (include post office box or street, city, state, zip code)		
MICHAEL COX NEW PORT RICHEY, FL 34655		
Telephone (optional) 2. Party (Partisan candidates only) 3. Office (add district, circuit, group number)		
(727)919-1572 DEMOCRAT	COUNTY COMMISSION DIST 4	
[-7		
4. Name of Treasurer or Deputy Treasurer		
MICHAEL COX		
5. Mailing Address (if post office box or drawer add street address) 6. Telephone		
7. City 8. County		9 727- 375- 0647
7. City 8. County	9. State	10. Zip Code
NEW PORT RICHEY PARCE	FLORIDA	34655
I have designated the following named bank as my Primary Depository Secondary Depository		
I. Name of Bank 12. Street Address		
SYNOVUS BANK 6435 RIDGE ROAD		
13. City 14. County	15. State	16. Zip Code
PORT RICHEY PASCO	FLOR, DA	34668
17. Signature of Candidate Date		
^///		7/15/200
Campaign Treasurer's Acceptance of Appointment		
MICHAEL COX		
I,, do hereby accept the appointment as		
(Please Print or Type)		
Campaign Treasurer Deputy Treasurer for the campaign of MICHAEL COX		
who is seeking nomination or election as a UENNOCRATIC candidate to the office of (Party)		
COUNTY COMMISSION DIST 4 . As a duly registered voter in Pasco		
County, Florida, I am qualified to accept this appointment.		
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.		
7/19/2006 X		
Date	Signature of Campaign Treasurer or Deputy Treasurer	