## **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

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officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Change: Tree	easurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Ann Elizabeth Cosentino	code) 13825 Stn St.
4. Telephone 5. E-mail address	
(813)629 0582 ann @ anngenuit	Dade City, Fi 33525
Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Pasco Dade City Commission Grow	applicable:  My intent is to run as a Write-In candidate.
8. If a candidate for a partisan office, check block and fill in	n 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	osentino
11. Mailing Address	12. Telephone
13825 5th St.	(813 ) 629 0582
13. City 14. County 15. State	16. Zip Code 17. E-mail address
10000	9 40000
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank Wells Favgo 20	0. Address
21. City Pade City 22 County	23. State 24. Zip Code
Vade City Pasco	1 33525
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.	
. / - /	6. Signature of Candidate
2/7/2020 x	Clin Cost
Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
, do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer	Deputy Treasurer.
2/7/2020 X	(h(gr
Date	mature of Campaign Treasurer or Deputy Treasurer