

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

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

(PLEASE PRINT OR TYPE)

MAY 27 '20 AM 9:00

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

**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)**

Jennifer Lee Coen

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

2847 W State Road 44  
Deland, Florida 32720

**4. Telephone**

(407 ) 719-0884

**5. E-mail address**

jen4wvha@cfl.rr.com

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

West Volusia Hospital Authority, Group B, Seat 1

**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**

Jennifer Lee Coen

**11. Mailing Address**

2847 W State Road 44

**12. Telephone**

( 407 ) 719-0884

**13. City**

Deland

**14. County**

Volusia

**15. State**

FL

**16. Zip Code**

32720

**17. E-mail address**

jen4wvha@cfl.rr.com

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

**19. Name of Bank**

Mainstreet Community Bank of Florida

**20. Address**

204 S. Woodland Blvd.

**21. City**

Deland

**22. County**

Volusia

**23. State**

Florida

**24. Zip Code**

32720

**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**

5-26-2020

**26. Signature of Candidate**

*Jennifer Lee Coen*

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

I, Jennifer Lee Coen, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5-26-2020

Date

*Jennifer Lee Coen*  
Signature of Campaign Treasurer or Deputy Treasurer