

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

01-13-16 A10:08 IN

(PLEASE PRINT OR TYPE)

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)

JAMES C CURRAN

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

4. Telephone

(954) 445-3365

5. E-mail address

DCYJC13@AOL.com

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

Commissioner District 4

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

CAROL BILOTTI

11. Mailing Address

9720 Stirling Road Ste 213 Cooper City FL 33024 (954) 252-2770

12. Telephone

13. City

Cooper City

14. County

Broward

15. State

FL

16. Zip Code

33024

17. E-mail address

carol@allfloridatax.com

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

19. Name of Bank

Wells Fargo

20. Address

2603 N Haitus Rd

21. City

Cooper City FL

22. County

Broward

23. State

FL

24. Zip Code

33026

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

1/13/16

26. Signature of Candidate

X James Curran

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

I, Carol H Bilotti, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/13/14
Date

X

Carol H Bilotti
Signature of Campaign Treasurer or Deputy Treasurer

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JAMES CURRAN

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

4. Telephone

(954) 445-3365

5. E-mail address

DC7JC13@AOL.COM

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

Commissioner Dist 4

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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

JAMES CURRAN

11. Mailing Address

70949 NASHVILLE DA.

12. Telephone

(954) 445-3365

13. City

Copper City FL

14. County

Broward

15. State

FL

16. Zip Code

33021

17. E-mail address

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25. Date

1/13/16

26. Signature of Candidate

X James Curran

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

I, JAMES CURRAN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/12/2016

Date

X

Signature of Campaign Treasurer or Deputy Treasurer