

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

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

(PLEASE PRINT OR TYPE)

01-19-16 A08:22 IN

**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)

GREG ROSS

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

3777 Bimini Ave  
Cooper City, Fla  
33026

**4. Telephone**

(954) 3584519

**5. E-mail address**

CREEPN@AOL.COM

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

MAYOR

**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**

LANCE P. MIRREN, CPA

**11. Mailing Address**

3761 OTTAWA LN

**12. Telephone**

(954) 6363142

**13. City**

Cooper City

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33026

**17. E-mail address**

CPA@TAXMANCPA.COM

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

STONEGATE

**20. Address**

10310 GAFFIN RD

**21. City**

Cooper City

**22. County**

Broward

**23. State**

FL

**24. Zip Code**

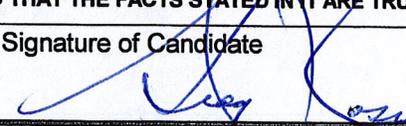
33026

**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**

1/12/16

**26. Signature of Candidate**

X 

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

I, Lance P. Mirren, do hereby accept the appointment

(Please Print or Type Name)

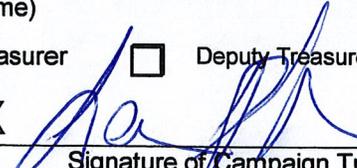
designated above as:

Campaign Treasurer     Deputy Treasurer.

1/18/16

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

01-19-16 A08:22 IN

**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)

GREG ROSS

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

3777 Bimini Ave  
Cooper City FL 33026

**4. Telephone**

(954) 358 4578

**5. E-mail address**

Gregross@AOL.com

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

MAYOR

**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**

GREG ROSS

**11. Mailing Address**

3777 Bimini Ave

**12. Telephone**

(954) 358 4578

**13. City**

Cooper City

**14. County**

Broward

**15. State**

FL

**16. Zip Code**

33026

**17. E-mail address**

Gregross@AOL.com

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

**19. Name of Bank**

STONEGATE

**20. Address**

10310 GRIFFIN RD

**21. City**

Cooper City

**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**

1/12/16

**26. Signature of Candidate**

**X**

*[Handwritten Signature]*

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

I, GREG ROSS, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

Date

1/12/16

**X**

Signature of Campaign Treasurer or Deputy Treasurer

*[Handwritten Signature]*