

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

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

(PLEASE PRINT OR TYPE)

DA-10-14P08:34 RCVD

**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)

Lisa A. Mallozzi

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

COOPER CITY FL 33328

4. Telephone

(954) 650-9800

5. E-mail address

lisa.mallozzi@tahoe.com

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

COOPER CITY Commissioner, District 2

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

Lisa Mallozzi

11. Mailing Address

12. Telephone

(954) 650-9800

13. City

COOPER CITY

14. County

Broward

15. State

FL

16. Zip Code

33328

17. E-mail address

lisa.mallozzi@tahoe.com

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

19. Name of Bank

1st United Bank

20. Address

5854 S. Flamingo Rd.

21. City

Cooper City

22. County

Broward

23. State

FL

24. Zip Code

33930

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

6-18-14

26. Signature of Candidate

X Lisa Mallozzi

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

I, Lisa Mallozzi, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-18-14

Date

X Lisa Mallozzi

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)

06-18-14P03:34 RCVD

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)

Lisa A. Mallozzi

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

Cooper City FL 33328

4. Telephone

(954) 650-9800

5. E-mail address

lisa-mallozzi@yahoo.com

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

Cooper City Commissioner District 2

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

Karen D. Ancona

11. Mailing Address

2191 SW 131st Terrace

12. Telephone

(954) 275-4507

13. City

Davie

14. County

Broward

15. State

FL

16. Zip Code

33325

17. E-mail address

mojo104@aol.com

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

19. Name of Bank

1st United Bank

20. Address

5854 S. Flamingo Rd.

21. City

Cooper City

22. County

Broward

23. State

FL

24. Zip Code

33330

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

6-18-14

26. Signature of Candidate

X Lisa Mallozzi

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

I, Karen D. Ancona, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6-18-14

Date

X

Karen D. Ancona
Signature of Campaign Treasurer or Deputy Treasurer