

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

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

06-24-16A09:13 RCVD

(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)

Amy L. Rosen

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

5247 SW 120 Ave
Cooper City, FL
33330

4. Telephone

(954) 252-5363

5. E-mail address

Amybrusco@yahoo.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

Amy L. Rosen

11. Mailing Address

5247 SW 120 Avenue

12. Telephone

(954) 252-5363

13. City

Cooper City

14. County

Broward

15. State

FL

16. Zip Code

33330

17. E-mail address

Amybrusco@yahoo.com

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

19. Name of Bank

Regions Bank

20. Address

9100 Griffin Rd.

21. City

Cooper City

22. County

Broward

23. State

FL

24. Zip Code

33328

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

6/23/16

26. Signature of Candidate

X 

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

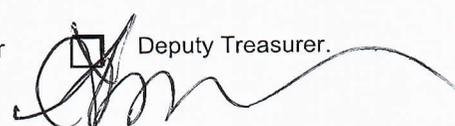
I, Amy L. Rosen, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/23/16

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

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Amy L. Rosen

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

5247 SW 120 Ave
Cooper City, FL
33330

4. Telephone

(954) 252-5363

5. E-mail address

Amybrusco@yahoo.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

Catherine Cormier

11. Mailing Address

9424 S.W. 50th Court Co

12. Telephone

(954) 696-4995

13. City Cooper City **14. County** Broward **15. State** FL **16. Zip Code** 33328 **17. E-mail address** midnightbullcat@aol.com

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

19. Name of Bank Regions Bank **20. Address** 9100 Griffin Rd

21. City Cooper **22. County** Broward **23. State** FL **24. Zip Code** 33328

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 6/23/16

26. Signature of Candidate
 

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

I, Catherine Cormier, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/23/16
Date

Catherine Cormier
Signature of Campaign Treasurer or Deputy Treasurer