

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

DEC 13 2019

City of Cooper City
City Clerk's Office

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 Avenue
Cooper City, FL 33026

4. Telephone

(954) 436-9977

5. E-mail address

gregrossesq@aol.com

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

Mayor, City of Cooper City

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

David A. Nall

11. Mailing Address

3620 NW 89th Way

12. Telephone

(954) 734-0329

13. City

Cooper City

14. County

Broward

15. State

FL

16. Zip Code

33024

17. E-mail address

nallis@bellsouth.net

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

19. Name of Bank

Bank of America

20. Address

2903 Stirling Road

21. City

Ft. Lauderdale

22. County

Broward

23. State

FL

24. Zip Code

33312

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

12/13/19

26. Signature of Candidate

X

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

I, David A. Nall, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer

12/13/19
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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25. Date

12/13/19

26. Signature of Candidate

X

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.

12/13/19
Date

X

Signature of Campaign Treasurer or Deputy Treasurer