APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

CITY OF FORT LAUDERDALE

2024 JUN -7 AM 10: 37

CAY GEORGE 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): 3. Address (include PO Box or Street, City, State, Zip Code):								
(Please Print or	6.	15 P	19 40	(PM2	-4 DR			
Kennott D Coopen			FT. CAUSENORG, FC 73301					
4. Telephone:	5. Candidate's Voter Registration #: 6. Email Address: 0 5 mm. Cam							
(914) 319-0899	(not required for qualifying purpose			es) Cennot Cop Cr For Mayor 8. If a candidate for a nonpartisan office, check the box				
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box								
if applicable: ☐ I intend to run as a Write-In Candidate.								
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a								
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐Party candidate.								
10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer								
11. Name of Treasurer or Deputy Treasurer:				12. Telephone: 13. Email Address:				
11. Name of Treasurer or Deputy Treasurer: Levis H Coper 12. Telephone: 13. Email Address: Levis H Coper Plant 14. Mailing Address: 15. City: 16. State: 17. Zip Code: 17. Zip Code: 18. State: 18. State:							a a a manila.	
14. Mailing Address:	- Cropac	15. City:		·) / U	16. St	ate:	17. Zip Code:	
625 Rose 1	MLT DR	FT. LA	ردر	mal	P	_	53301	
18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository								
19. Name of Bank: 20. Address:								
SEA COAT BANK 21. City: 22. Coun				20. Address: // SE 77+ Inty: 23. State: 24. Zip Code:				
21. City:	16	22. Count	y:		23. St	ate:	24. Zip Code:	
		BRIL		<u> </u>	l		33301	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.								
26. Signature of Candidate:								
25. Date: 6/7/2124 X To Corp								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
do hereby accept the appointment designated above as: (Please Print or Type Name)								
☐ Campaign Treasurer.				Deputy Treasurer.				
,				29. Signature of Campaign Treasurer of Deputy Treasurer				
28. Date: 6/7/3024			X DCB Cray					
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.						Rule 1S-2.001, F.A.C.		