APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)	SUPERVISOR OF ELECTIONS 6495 CAROLINE ST., STE. F MILTON. FL 32570-4592 2014 EEB 6 PM 2 27
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) Robert A. Cole 4. Telephone 5. E-mail address	3. Address (include post office box or street, city, state, zip code) 6651 RIVERSTONE Rd.
	Milton, Fl 32503 Con
6. Office sought (include district, circuit, group number) Canty Commission Dist 2	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a	
Write-In No Party Affiliation I Republican Party candidate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address	12. Telephone
6540 FAIRGROUD DR	BSO 1 982-9201
13. City 14. County 15. Sta Molinio Ecchnico F	te 16. Zip Code 17. E-mail address 32577 HAZERSVIKEN, Bob Ble BGMDil . COM
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank	
BULF COAST COMMUNITY BACK	
21. City Carspecto 22. county Escon, bin	23. State $24. Zip Code$ FL 32.504
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 26. Signature of Candidate	
2/6/2014	X
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1, <u>Pobern</u> A. Co Co (Please Print or Type Name)	, do hereby accept the appointment
designated above as:	
$\pi 1/14$ X	
	Signature of Campaign Treasurer or Deputy Treasurer

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DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

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(Section 106.021(1), F.S.) (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):	reasurer/Deputy
2. Name of Candidate (in this order: First, Middle, Last) Robert A. Cole 4. Telephone 5. E-mail address (850) 723 - 7878 Bob Cole Avto OG 6. Office sought (include district, circuit, group number) County Commissioner, District #	3. Address (include post office box or street, city, state, zip code) 863 Riverstone Rd. Milton, FL 32583 Mail. Com 7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
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 Write-In No Party Affiliation	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address 6540 Fairground Rd.	12. Telephone (839) 98 2-9201
13. City 94. County 15. Sta Molino Ercambia FL	ite 16. Zip Code 17. E-mail address 32577 treesurer bobcde@gmail.co
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank Gulf Coast Community Bank	20. Address
21. City PEWSACOLA ESCAN, JIA	23. State 24. Zip Code FL 32.564
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	26. Signature of Candidate
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I. <u>Angelia Pope</u> (Please Print or Type Name)	, do hereby accept the appointment ***
designated above as: Campaign Treasurer Deputy Treasurer.	
2/6/2014 X MULAM Pope Date Signature of Campaign Treasuren Deputy Treasurer	

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Rule 1S-2.0001, F.A.C.

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