APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

10-01-14 A11:05 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:	Transpured/Denuty
2. Name of Candidate (in this order: First, Middle, Last)	Treasurer/Deputy Depository Office Party
Cynthia 2. Mackinson	Address (include post office box or street, city, state, zip code)
4. Telephone 5. E-mail address	875 Old England
(107) 6450 360 madainson_home	amolimeter Park, F(3275)
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Mayor	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and fi	ill 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 Kandoth Lunikrishn	an Rajasekhar
11. Mailing Address	12. Telephone
4531 Village Wood Dr. D	()
13. City Drange 15. St.	ate 16. Zip Code 17. E-mail address 32835 Krajas-ekhar Octl.rr.Co
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank New Traditions Bank	20. Address Wilkinson Alexe Suite # 100
21 City an 20 County Change	23. State 24. Zip Code
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 Och 1, 2014	26. Signature of Candidate
27. Treasurer's Acceptance of Appointment (till in the blanks and check the appropriate block)	
(Please Print or Type Name)	, do hereby accept the appointment
designated above as: X Campaign Treasurer	Deputy Treasurer.
October 01, 2014 X	On Roman
The second secon	Signature of Campaign Treasurer or Deputy Treasurer

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NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE HEE 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) Cun thia Madduner 4. Telephone 5. E-mail address	3. Address (include post office box or street, city, state, zip	
(407)6450360 mackinnon home	875 Old England Winter Park F1 32789	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> 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 Hex Madainen		
11. Mailing Address 875 @ \J England Ave.	12. Telephone (Yの)760-916)	
13. City Park 14. Country 15. State	16. Zip Code 17. E-mail address 32769 alex Osmidhmadeunon.	
18. I have designated the following bank as my	Primary Depository Secondary Depository	
New Traditions	W. Tkinson Ave. #100	
21. Or lando Cranje	23. State 24. Zip Code	
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 (Oct , 2014 X	Signature of Candidate	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
Alexander C. Mackinner	, do hereby accept the appointment	
(Please Print or Type Name) designated above as: Campaign Treasurer	Deputy Treasurer.	
Date X	nature of Campaign Treasurer or Deputy Treasurer	