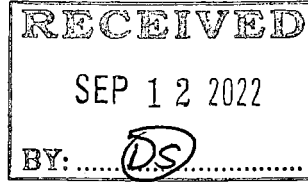


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)



NOTE: This form must be on file with the 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)
Kevin Cochran

3. Address (include post office box or street, city, state, zip code)
2100 S. Ocean Lane #311
Fort Lauderdale FL 33316

4. Telephone **5. E-mail address**
(954) 995 3747 kevincochraneftl@gmail.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
Kevin Cochran

11. Mailing Address **12. Telephone**
2100 S. Ocean Lane #311 ()

13. City **14. County** **15. State** **16. Zip Code** **17. E-mail address**
Fort Lauderdale Broward FL 33316 kevincochraneftl@gmail.com

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

19. Name of Bank **20. Address**
Sea Coast 12 SE 7th St.

21. City **22. County** **23. State** **24. Zip Code**
Fort Lauderdale Broward FL 33301

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**
9-12-22 X Kevin Cochran

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, Kevin Cochran, do hereby accept the appointment
 (Please Print or Type Name)
 designated above as: Campaign Treasurer Deputy Treasurer.
 Date 9-11-22 X Kevin Cochran
 Signature of Campaign Treasurer or Deputy Treasurer

100-1-1

UNITED STATES DEPARTMENT OF JUSTICE

INVESTIGATION OF THE ACTS OF VIOLENCE

NAME OF SUSPECT: [Faint text]

DATE OF BIRTH: [Faint text]

DATE OF INTERVIEW: [Faint text]

PLACE AND DATE OF BIRTH: [Faint text]

EDUCATION: [Faint text]

EMPLOYMENT: [Faint text]

RELIGION: [Faint text]

MARRIAGE: [Faint text]

CHILDREN: [Faint text]

OTHER INFORMATION: [Faint text]

REMARKS: [Faint text]

DATE OF INTERVIEW: [Faint text]

INTERVIEWED BY: [Faint text]

DATE OF INTERVIEW: [Faint text]

INTERVIEWED BY: [Faint text]

DATE OF INTERVIEW: [Faint text]

INTERVIEWED BY: [Faint text]

DATE OF INTERVIEW: [Faint text]

INTERVIEWED BY: [Faint text]

DATE OF INTERVIEW: [Faint text]

INTERVIEWED BY: [Faint text]

