



Candidate Information

Name: Donna M. Bosold

Mailing Address: P.O. Box 1553

Home Phone: 305.942.1064 Business Phone: 305.942.1064

Cell Phone: 305.942.1064 Email Address: donna.bosold@att.net

Office: donna.bosold@att.net District/Group 1

Treasurer's Name: Self

Treasurer's Phone: _____ Email Address: _____

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
CITY CLERK'S OFFICE
2015 AUG 17 PM 4:35
CITY OF KEY WEST
KEY WEST, FLORIDA

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)

Donna M. Bosold

3. Address (include post office box or street, city, state, zip code)

P.O. Box 1553, Key West, FL 33041-1553

4. Telephone

(305) 942-1064

5. E-mail address

donna.bosold@att.net

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

Utility Board, Group 1 (City of Key West)

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

Donna M. Bosold

11. Mailing Address

P.O. Box 1553

12. Telephone

(305) 942-1064

13. City

Key West

14. County

Monroe

15. State

FL

16. Zip Code

33041-1553

17. E-mail address

donna.bosold@att.net

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

19. Name of Bank

Centennial Bank

20. Address

2514 N. Roosevelt Blvd

21. City

Key West

22. County

Monroe

23. State

FL

24. Zip Code

33040

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

17 August, 2015

26. Signature of Candidate

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

I, Donna M. Bosold, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

17 August, 2015
Date

Signature of Campaign Treasurer or Deputy Treasurer



Acknowledgement – Statement of Candidate DS DE 84

I have received a book of Florida Statute Chapter 106 and a Statement of Candidate, which I must file with the qualifying officer within 10 days of filing the Appointment of Campaign Treasurer and Designation of Campaign Depository.

A handwritten signature in blue ink, appearing to read "Donna M. Bosold", is written over a horizontal line. The signature is stylized and includes a large loop on the left side.

Candidate's Signature

08 17 2015

Date

Donna M. Bosold

Candidate's Name Printed

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

I, DONNA M. BOSOLD,

candidate for the office of UTILITY GROUP 1;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

08.17.2015

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



CHERYL SMITH
City Clerk
Chief Elections Administrator

Acknowledgement of Logic & Accuracy Test

My signature below acknowledges receipt of notification of the Logic & Accuracy Test for the 2015 citywide elections.

I understand that testing will take place at the Supervisor of Elections office, 530 Whitehead Street, Key West, Florida.

Elections

General Election October 6, 2015

**Run-off Election November 3, 2015
(if necessary)**

Logic & Accuracy Tests

September 16, 2015 at 10:00 a.m.

October 16, 2015 at 10:00 a.m.


Candidate's Signature

08.17.2015
Date

Donna M. Bosold
Candidate's Name Printed



CERTIFICATE OF CANDIDACY
(Utility Board Members Only)

City Clerk
City of Key West
County of Monroe
State of Florida

Dear Madam City Clerk:

This is to certify that the undersigned desires to have his/her name placed on the ballot as a candidate for member of the "Utility Board of the City of Key West, Florida" in Group No. 7 in the General Municipal Election to be held Tuesday, October 6, 2015.

In the event that I do not receive a majority vote in the General Municipal Election, but receive the highest or second highest vote, it is requested that my name then be placed on the ballot for the Run-Off Municipal Election to be held on November 3, 2015.

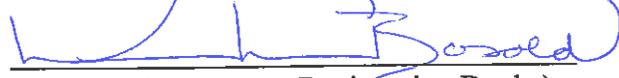
It is understood that if I should withdraw my request to have my name placed on the ballot, after having filed this certificate, I will not be entitled to a refund of the qualifying fee, provided for by law and paid by me.

I hereby agree that in the event, I am elected to this office, I will serve in that capacity.

My address is P.O. Box 1553 Key West FL 33041

My occupation is Land Use Planning Consultant

Dated at Key West, Florida this 17 day of August, 2015.


Signature (Same as on Registration Books)

Sworn to and subscribed before me on this 17 day of August, 2015.


Notary Public

(Seal)

My Commission Expires: 4/16

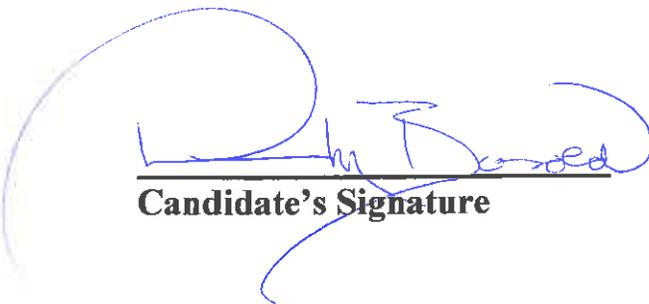




CHERYL SMITH
City Clerk
Chief Elections Administrator

Acknowledgement – Removal of Political Advertisement
Florida Statue 106.1435

I have received written notice of F.S. 106.1435 – Usage and removal of political campaign advertisement.


Candidate's Signature

08.17.2015
Date

Donna M. Bosold
Candidate's Name Printed

