

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

IRC SUPERVISOR OF ELECTIONS  
2024 MAY 1 PM 2:59

NOTE: This form must be on file with the filing 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):  
(Please Print or Type Name)

Sheila Gallo

3. Address (include PO Box or Street, City, State, Zip Code):

742 Dahlia Lane  
Vero Beach, FL 32963

4. Telephone:

(203) 253-0329

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

sheilaverbeach@gmail.com

7. Office Sought (include district, circuit, group, or seat #):

IRC Hospital Dist. Seat 5

8. If a candidate for a nonpartisan 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:

Sheila Gallo

12. Telephone:

(203) 253-0329

13. Email Address:

sheilaverbeach@gmail.com

14. Mailing Address:

742 Dahlia Lane  
Vero

15. City:

Vero beach

16. State:

FL

17. Zip Code:

32963

18. I have designated the following bank as my (check appropriate box):  Primary Depository    Secondary Depository

19. Name of Bank:

Marine bank and Trust

20. Address:

571 Beachland Blvd.

21. City:

Vero Beach

22. County:

Indian River

23. State:

FL

24. Zip Code:

32963

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.

25. Date:

5/1/24

26. Signature of Candidate:

X Sheila Gallo

27.

Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)

I, Sheila Gallo

do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

5/1/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Sheila Gallo

**APPOINTMENT OF CAMPAIGN TREASURER  
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**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):  
(Please Print or Type Name)

Sheila Gallo

**3. Address** (include PO Box or Street, City, State, Zip Code):

742 Dahlia Lane  
Vero Beach, FL 32963

**4. Telephone:**

(203) 253-0329

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

Sheilavero beach@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

IRC Hospital Dist 5

**8. If a candidate for a nonpartisan 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:**

Lori Baker

**12. Telephone:**

(401) 255-3681

**13. Email Address:**

LoriBaker.Wellness@gmail.com

**14. Mailing Address:**

6235 10th St

**15. City:**

Sebastian

**16. State:**

FL

**17. Zip Code:**

32958

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository     Secondary Depository

**19. Name of Bank:**

marine bank and trust

**20. Address:**

571 Beachland Blvd

**21. City:**

vero beach

**22. County:**

Indian River

**23. State:**

FL

**24. Zip Code:**

32963

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.

**25. Date:**

5/1/24

**26. Signature of Candidate:**

X Sheila Gallo

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

I, Lori Baker do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

Lori Baker 5/1/24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X Lori Baker