

**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)

FRANK NIMS MARCINELLI

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

6620 LAKE DRIVE  
CALLAWAY FL 32404

**4. Telephone**

(850) 596-5445

**5. E-mail address**

fmarc1620@comcast.net

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

COMMISSIONER WARD IV CALLAWAY FL

**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**

FRANK MARCINELLI

**11. Mailing Address**

6620 LAKE DRIVE

**12. Telephone**

(850) 596-5445

**13. City**

CALLAWAY

**14. County**

BAY

**15. State**

FL

**16. Zip Code**

32404

**17. E-mail address**

fmarc1620@comcast.net

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

PEOPLE'S SOUTH

**20. Address**

607 S. TYNDALL PARKWAY

**21. City**

CALLAWAY

**22. County**

BAY

**23. State**

FL

**24. Zip Code**

32404

**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**

FEB. 12 2020

**26. Signature of Candidate**

X Frank Marcinelli

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

I, FRANK MARCINELLI, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

FEB 12 2020  
Date

X Frank Marcinelli  
Signature of Campaign Treasurer or Deputy Treasurer

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