

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

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

(PLEASE PRINT OR TYPE)

2022 AUG -4 PM 1:57

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

**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)

ZAIDA LILIA KARNEGIS

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

4493 NW 67 AVE
CORAL SPRINGS, FL 33067

4. Telephone

(954) 263-4110

5. E-mail address

zaida.gallagher@att.net

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

TURTLE RUN C.D.D. Seat #3

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

ZAIDA L. KARNEGIS

11. Mailing Address

4493 N.W. 67 AVE. CORAL SPRINGS, FL 33067

12. Telephone

(954) 263-4110

13. City

CORAL SPRINGS

14. County

BROWARD

15. State

FL

16. Zip Code

33067

17. E-mail address

zaida.gallagher@att.net

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

19. Name of Bank

BANK OF AMERICA

20. Address

5590 W. SAMPLE RD.

21. City

MARGATE

22. County

BROWARD

23. State

FL

24. Zip Code

33073

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

8-4-2022

26. Signature of Candidate

X

[Signature]

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

I, ZAIDA L. KARNEGIS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer.

☐ Deputy Treasurer.

8-4-2022

Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)


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SUPERVISOR OF ELECTIONS

I, ZAIDA L. KARNEGIS,
candidate for the office of TURTLE RUN CDD seat #3;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

8-4-2022

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).