

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

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

(PLEASE PRINT OR TYPE)

18 JUN 12 10:20 AM

**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)

Thomas A. Campanella

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

106 Siguenza Dr.  
Pensacola Beach, FL.  
32561

**4. Telephone**

(850) 932-4815

**5. E-mail address**

Dr.Lures@hotmail.com

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

Santa Rosa Island Authority

**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**

Thomas A Campanella

**11. Mailing Address**

106 Siguenza Drive

**12. Telephone**

(850) 932-4815

**13. City**

Pensacola Beach

**14. County**

Escambia

**15. State**

FL.

**16. Zip Code**

32561

**17. E-mail address**

Dr.Lures@hotmail.com

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

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Bank of the South

**20. Address**

136 Fort Pickens Rd

**21. City**

Pensacola Beach

**22. County**

Escambia

**23. State**

Florida

**24. Zip Code**

32561

**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**

6-9-2018

**26. Signature of Candidate**

X Thomas A Campanella

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

I, Thomas A. Campanella, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

6-9-2018

Date

X Thomas A Campanella

Signature of Campaign Treasurer or Deputy Treasurer