

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

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

(PLEASE PRINT OR TYPE)

22 MAY 31 10:37 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)<br><i>Thomas A. Campanella</i> | 3. Address (include post office box or street, city, state, zip code)<br><i>106 Siguenza Dr.<br/>Pensacola, Beh, FL.<br/>32561</i> |
|--|--|

|                                     |  |
|-------------------------------------|--|
| 4. Telephone<br><i>850 932-4815</i> | 5. E-mail address<br><i>Dr.Lures@hotmail.com</i> |
|-------------------------------------|--|

|  |  |
|--|--|
| 6. Office sought (include district, circuit, group number)<br><i>SRIA elected Board Member</i> | 7. If a candidate for a <u>nonpartisan</u> office, check if applicable:<br><input type="checkbox"/> My intent is to run as a Write-In candidate. |
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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<br><i>106 Siguenza Dr.</i> | 12. Telephone<br><i>850 932-4815</i> |
|--|--------------------------------------|

|                                    |                               |                         |                              |   |
|------------------------------------|-------------------------------|-------------------------|------------------------------|---|
| 13. City<br><i>Pensacola Beach</i> | 14. County<br><i>Escambia</i> | 15. State<br><i>FL.</i> | 16. Zip Code<br><i>32561</i> | 17. E-mail address<br><i>Dr.Lures@hotmail.com</i> |
|------------------------------------|-------------------------------|-------------------------|------------------------------|---|

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

|  |   |
|--|---|
| 19. Name of Bank<br><i>Bank of the South</i> | 20. Address<br><i>136 Ft. Pickens Rd.</i> |
|--|---|

|                                    |                               |                             |                              |
|------------------------------------|-------------------------------|-----------------------------|------------------------------|
| 21. City<br><i>Pensacola Beach</i> | 22. County<br><i>Escambia</i> | 23. State<br><i>Florida</i> | 24. Zip Code<br><i>32561</i> |
|------------------------------------|-------------------------------|-----------------------------|------------------------------|

**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<br><i>5-23-22</i> | 26. Signature of Candidate<br><i>X Thomas A Campanella</i> |
|----------------------------|--|

**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.

|                        |   |
|------------------------|---|
| Date<br><i>5-23-22</i> | Signature of Campaign Treasurer or Deputy Treasurer<br><i>X Thomas A Campanella</i> |
|------------------------|---|