

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

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

(PLEASE PRINT OR TYPE)

24 JUN 13 9:51 PM

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)

Thomas A. Campanella

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

106 Siguenza Dr.  
Pensacola Bch, FL 32561

**4. Telephone:**

(850) 324-3637

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

103932275  
(not required for qualifying purposes)

**6. Email Address:**

Dr.Lures@hotmail.com

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

Santa Rosa Island Authority  
Elected - Board -

**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:**

Thomas A. Campanella

**12. Telephone:**

(850) 324-3637

**13. Email Address:**

Dr.Lures@hotmail.com

**14. Mailing Address:**

106 Siguenza Dr.

**15. City:**

Pensacola Beach

**16. State:**

FL.

**17. Zip Code:**

32561

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

**19. Name of Bank:**

Warrington Bank

**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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date:**

June 13, 2024

**26. Signature of Candidate:**

X Thomas A. Campanella

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

I, Thomas A. Campanella

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

6-13-2024

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

X Thomas A. Campanella