

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

RECEIVED
AUG 13 2019
SUPERVISOR OF ELECTIONS
HERNANDO COUNTY, FLORIDA

(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)
GUS ALBERT GUADAGNINO *Dist 4*

3. Address (include post office box or street, city, state, zip code)
1539 FAYETTEVILLE DR
SPRING HILL, FL 34609

4. Telephone (352) 650-1512 5. E-mail address GusGuadagnino@gmail.com

6. Office sought (include district, circuit, group number)
HERNANDO COUNTY SCHOOL BOARD *Dist. 4*

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
MICHAEL J. KIERZYNSKI

11. Mailing Address 5143 COMMERCIAL WAY 12. Telephone (352) 597-2800

13. City SPRING HILL 14. County HERNANDO 15. State FL 16. Zip Code 34606 17. E-mail address MJKCPA@TAMPABAY.RR.COM

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

19. Name of Bank CAPITAL CITY BANK 20. Address 14302 SPRING HILL DR

21. City SPRING HILL 22. County HERNANDO 23. State FL 24. Zip Code 34609

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 *7/15/2019* 26. Signature of Candidate *[Signature]*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, MICHAEL J. KIERZYNSKI, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

7-15-19 *[Signature]*
 Date Signature of Campaign Treasurer or Deputy Treasurer