

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

APR 10 2024

SUPERVISOR OF ELECTIONS  
HERNANDO COUNTY, FLORIDA

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)

Joseph Charles Puglia

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

P.O. BOX 15095  
Brooksville Fl. 34604

**4. Telephone:**

(352 )428-7427

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

104409661

(not required for qualifying purposes)

**6. Email Address:**

Puglia67@gmail.com

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

Sheriff **HERNANDO COUNTY**

**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.     Republican Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Joseph Charles Puglia

**12. Telephone:**

(352 )428-7427

**13. Email Address:**

Puglia67@gmail.com

**14. Mailing Address:**

P.O. BOX 15095

**15. City:**

Brooksville

**16. State:**

FL

**17. Zip Code:**

34604

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

**19. Name of Bank:**

Truist

**20. Address:**

3236 Barclay Ave

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

**25. Date:** 04/05/2024

**26. Signature of Candidate:**

*Joseph C. Puglia*

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

I, Joseph Charles Puglia do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 04/05/2024

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

*Joseph C. Puglia*