

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

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

(PLEASE PRINT OR TYPE)



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:**

CENTENNIAL BANK

**20. Address:**

4301 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:**

06/13/2024

**26. Signature of Candidate:**

X Joseph C. Puglia

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

I, \_\_\_\_\_ do hereby accept the appointment designated above as:  
(Please Print or Type Name)

☐ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

06/13/2024

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

X Joseph C. Puglia