

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

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

REC'D SOE OCT 1 '19 AM 11:18

(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)

Kevin A. Beckner

3. **Address** (include post office box or street, city, state, zip code)

P.O. Box 273135
Tampa, FL 33688

4. **Telephone**

(813) 373-2985

5. **E-mail address**

Kevin@KevinBeckner.com

6. **Office sought** (include district, circuit, group number)

Clerk of the Circuit Court - Hillsborough County

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 ☒ Democratic Party candidate.

9. **I have appointed the following person to act as my** ☒ Campaign Treasurer ☐ Deputy Treasurer

10. **Name of Treasurer or Deputy Treasurer**

Marilyn Cappiello

11. **Mailing Address**

803 Proclamation Drive

12. **Telephone**

(813) 964-1476

13. **City**

Tampa

14. **County**

Hillsborough

15. **State**

FL

16. **Zip Code**

33613

17. **E-mail address**

Cappyflorida@yahoo.com

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

19. **Name of Bank**

Bank of the Ozarks

20. **Address**

14799 N. Dale Mabry Highway

21. **City**

Tampa

22. **County**

Hillsborough

23. **State**

FL

24. **Zip Code**

33618

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**

10/1/2019

26. **Signature of Candidate**

X

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

I, Marilyn Cappiello, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

10/1/2019

Date

X

Signature of Campaign Treasurer or Deputy Treasurer