

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

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

(PLEASE PRINT OR TYPE)

INDIAN RIVER COUNTY
SUPERVISOR OF ELECTIONS

2020 JUN 11 AM 11:23

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)
Louis B. Vocelle

3. Address (include post office box or street, city, state, zip code)
*15 Dolphin DR
Vero Beach FL 32960*

4. Telephone
(772) 3216815

5. E-mail address
BVocelle@VocelleBERG.com

6. Office sought (include district, circuit, group number)
Indian River Mosquito Control District Commissioner Seat 3

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
Louis B. Vocelle JR

11. Mailing Address
3333 20th St Vero Beach FLA

12. Telephone
()

13. City
VERO BEACH

14. County
INDIAN RIVER

15. State
FL

16. Zip Code
32960

17. E-mail address
BVocelle@VocelleBERG.com

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

19. Name of Bank
MARINE BANK

20. Address
1450 US Hwy 1

21. City
VERO BEACH

22. County
INDIAN RIVER

23. State
FL

24. Zip Code
32960

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
6/11/2020

26. Signature of Candidate
X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, *Louis B. Vocelle JR*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
6/11/2020 Date *X* Signature of Campaign Treasurer or Deputy Treasurer