

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

2023 NOV 20 AM 8:37

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)

Lamarre M. Notargiacomo

3. Address (include PO Box or Street, City, State, Zip Code):
5082 4th Lane, Vero Beach, FL 32968

4. Telephone:

(772) 559-1986

5. Candidate's Voter Registration #:

104672575

(not required for qualifying purposes)

6. Email Address:

Lamarre4GOPscw@Proton.me

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

State Committeewoman

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:

Richard Notargiacomo

12. Telephone:

(772) 205-8161

13. Email Address:

rnotar61@gmail.com

14. Mailing Address:

5082 4th Lane

15. City:

Vero Beach

16. State:

Florida

17. Zip Code:

32968

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

19. Name of Bank:

Marine Bank

20. Address:

1450 US 1

21. City:

Vero Beach

22. County:

Indian River

23. State:

Florida

24. Zip Code:

32960

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: 11-20-2023

26. Signature of Candidate:

X Lamarre Notargiacomo

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

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

Campaign Treasurer.

Deputy Treasurer.

28. Date: 11-20-2023

29. Signature of Campaign Treasurer or Deputy Treasurer

X Richard Notargiacomo

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

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

(PLEASE PRINT OR TYPE)

IRC SUPERVISOR OF ELECTIONS
2024 FEB 2 AM 10:55

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2. Name of Candidate (in this order: First, Middle, Last):
(Please Print or Type Name)

Lamarre M. Notargiacomo

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

5082 4th Lane
Vero Beach FL
32968

4. Telephone:

(772) 559-1986

5. Candidate's Voter Registration #:

104672575
(not required for qualifying purposes)

6. Email Address:

Lamarre4GOPscw@Proton.me

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

State Committeewoman

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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:

Kimberlee Ann Armstrong

12. Telephone:

(321) 514-8068

13. Email Address:

Kimberlee@kzloc.net

14. Mailing Address:

1901 Indian River Blvd E209

15. City:

Vero Beach

16. State:

FL

17. Zip Code:

32960

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

19. Name of Bank:

Marine Bank

20. Address:

1450 USI

21. City:

Vero Beach

22. County:

Indian River

23. State:

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24. Zip Code:

32960

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25. Date: 2-2-2024

26. Signature of Candidate:

X *Lamarre Notargiacomo*

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

I, Kimberlee Ann Armstrong do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 2-2-2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X *Kimberlee Armstrong*