

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

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

(PLEASE PRINT OR TYPE)

*24JUN04PM1223 SDE Lee Co FL

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, R Gambino

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

822 Lystra Ave
Fort Myers, FL 33913

4. Telephone:

(239) 922-3793

5. Candidate's Voter Registration #:

129466114

(not required for qualifying purposes)

6. Email Address:

gambinoforleecount7FL@yahoo.com

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

Lee Health District # 5

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. ☐ _____ Party candidate.

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

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Maricelis Camacho

12. Telephone:

(863) 843-0653

13. Email Address:

maricelis024@gmail

14. Mailing Address:

822 Lystra Ave

15. City:

Fort Myers

16. State:

FL

17. Zip Code:

33913

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

19. Name of Bank:

Bank of America

20. Address:

100 North Tryon St.

21. City:

Charlotte

22. County:

Charlotte

23. State:

NC

24. Zip Code:

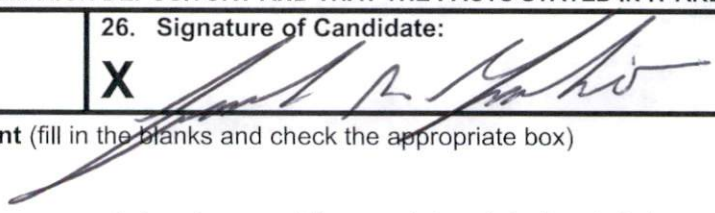
28255

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:

06/04/2024

26. Signature of Candidate:

X 

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

I, Maricelis Camacho

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

06/04/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X Maricelis C. Roby

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

Joseph R Gambino

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

822 Lystra Ave
Fort Myers FL 33913

4. Telephone:

(239) 1922-3793

5. Candidate's Voter Registration #:

129466114
(not required for qualifying purposes)

6. Email Address:

gambinoforlee.com + fl 94 hoon

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

Lee Health District #5

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

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☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐ _____ 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 R Gambino

12. Telephone:

(239) 1922-3793

13. Email Address:

Robochiro Nt@Yahoo.com

14. Mailing Address:

822 Lystra Ave

15. City:

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20. Address:

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21. City:

Charlotte

22. County:

Charlotte

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NC

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25. Date:

06/04/2024

26. Signature of Candidate:

X [Signature]

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

I, Joseph R Gambino
(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

06/04/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]