

**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.

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MANATEE COUNTY  
SUPERVISOR OF ELECTIONS

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)  
Barbara E Gard

**3. Address** (include PO Box or Street, City, State, Zip Code):  
2418 Waterford Court, Palmetto, FL 34221-5909941

**4. Telephone:**  
(941 ) 962-7070

**5. Candidate's Voter Registration #:**  
\_\_\_\_\_  
(not required for qualifying purposes)

**6. Email Address:**  
jbgard@tampabay.rr.com

**7. Office Sought** (include district, circuit, group, or seat #):  
Palms of Terra Ceia Bay CDD Supervisor Seat 2

**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:**  
Do not plan to Spend any Funds

**12. Telephone:**  
(    )

**13. Email Address:**

**14. Mailing Address:**

**15. City:**

**16. State:**

**17. Zip Code:**

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

**19. Name of Bank:**

**20. Address:**

**21. City:**

**22. County:**

**23. State:**

**24. Zip Code:**

**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:** June 12, 2024

**26. Signature of Candidate:**

**X** *Barbara E Gard*

**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:**

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

**X**