

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2022 SEP 16 PM 2:40

PALM BEACH COUNTY, FL.

**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)

Elizabeth Anne Accomando

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

6521 Carol Street  
Loxahatchee, FL 33470

**4. Telephone**

(4021)

**5. E-mail address**

lifepartv@gmail.com

**6. Office sought** (include district, circuit, group number)  
Indian Trail Improvement District Seat 1

**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**

Elizabeth Anne Accomando

**11. Mailing Address**

6521 Carol Street

**12. Telephone**

(4021)

**13. City**

Loxahatchee

**14. County**

Palm Beach

**15. State**

fl

**16. Zip Code**

33470

**17. E-mail address**

lifepartv@gmail.com

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

**19. Name of Bank**

TD Bank

**20. Address**

10149 Okeechobee Blvd

**21. City**

Royal Palm Beach

**22. County**

Palm Beach

**23. State**

fl

**24. Zip Code**

33411

**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**

09-02-2022

**26. Signature of Candidate**

X 

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

I, Elizabeth A Accomando, do hereby accept the appointment  
(Please Print or Type Name)


designated above as:

☐ Campaign Treasurer.

☐ Deputy Treasurer.

9-15-22  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer