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

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

(PLEASE PRINT OR TYPE)

## RECEIVED

FEB 1 9 2019

CITY OF NEW PORT RICHEY CITY MANAGER'S OFFICE

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):  Initial Filing of Form Re-filing to Change:	
2. Name of Candidate (in this order: First, Middle, Last)  JUDITH GALLEN 4. Telephone 5. E-mail address  (727) 574-5740 JALLEN 38244 & YAHO	3. Address (include post office box or street, city, state, zip code)  5940 CVAND BLUD  NEW PORT RICHEY  5-L 3465-2
6. Office sought (include district, circuit, group number)  NEW PONT RICHEY CITY COUN	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 fi  Write-In No Party Affiliation	Il in name of party as applicable: My intent is to run as a Party candidate.
9. I have appointed the following person to act as my  10. Name of Treasurer or Deputy Treasurer  11. Mailing Address	Campaign Treasurer Deputy Treasurer  Victor 112 J Wil. (-45 FRI)  Richa, FL. 34652 12. Telephone 727 245 - 4704 Ccl (727) 746 - 7871 Hom
New Port Richey PHSCO FL	Tate 16. Zip Code 17. E-mail address  34652 VICKIE @ JHER ZOGLAW, C
18. I have designated the following bank as my  19. Name of Bank  WELLS FAVAD  21. City  NEW PONT RICHE,  PHS CO	Primary Depository Secondary Depository  20. Address  5211 U5-19  23. State 24. Zip Code  FLONING 3465-2
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH	31632
25. Date Feb 18, 2019	26. Signature of Candidate  X with Cili
	t (fill/in/the blanks and check the appropriate block)  do hereby accept the appointment