

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

19 MAR -1 PM 3:00

BRIAN E CORLEY
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

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)
Jack Mariano

3. Address (include post office box or street, city, state, zip code)
*8116 Green Side Lane
Hudson, FL 34667*

4. Telephone
(727) 534-8846

5. E-mail address
JackMariano@aol.com

6. Office sought (include district, circuit, group number)
Pasco County Commission District 5

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 Republican Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Jack Mariano

11. Mailing Address
8116 Green Side Lane

12. Telephone
(727-) 534-8846

13. City
Hudson

14. County
Pasco

15. State
FL

16. Zip Code
34667

17. E-mail address
JackMariano@aol.com

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

19. Name of Bank
SunTrust Bank

20. Address
P.O. Box 305183

21. City
Nashville

22. County
DAVIDSON

23. State
TN

24. Zip Code
37230-5183

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
3/1/19

26. Signature of Candidate
X [Signature]

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

I, *Jack Mariano*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3-1-19
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer