

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
20 OCT -9 PM 3:35  
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**

Jack.Mariano.CC@gmail.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**

Scott Davis

**11. Mailing Address**

5500 Riva del Place Apartment 214

**12. Telephone**

(727) 271-5319

**13. City**

New Port Richey

**14. County**

PASCO

**15. State**

FL

**16. Zip Code**

34652

**17. E-mail address**

sdavis1616@gmail.com

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

**19. Name of Bank**

SUN TRUST

**20. Address**

P.O. Box 305183

**21. City**

Nashville

**22. County**

DAVIDSON

**23. State**

TEN

**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**

10-7-2020

**26. Signature of Candidate**

X 

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

I, Scott Davis, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

10-7-2020

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer