

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

20 FEB -3 AM 10:40

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)

Christopher Michael Nocco

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

7842 LAND O LAKES BLVD #154
LAND O LAKES, FL
34638

4. Telephone

(727) 364-5823

5. E-mail address

info@voteforNocco.com

6. Office sought (include district, circuit, group number)

Pasco County Sheriff

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

Christopher Michael Nocco

11. Mailing Address

7842 LAND O LAKES BLVD #154

12. Telephone

(727) 364-5823

13. City

LAND O LAKES

14. County

PASCO

15. State

FL

16. Zip Code

34638

17. E-mail address

info@voteforNocco.com

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

19. Name of Bank

SUNTRUST BANK

20. Address

7319 Spring Hill Dr

21. City

Spring Hill

22. County

HERNANDO

23. State

FL

24. Zip Code

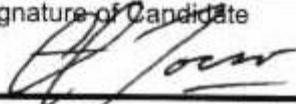
34606

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

02/03/2020

26. Signature of Candidate

X 

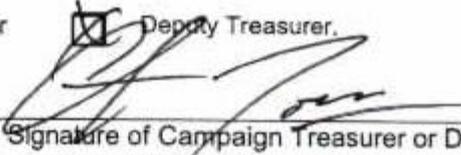
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Christopher M. Nocco, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

02/03/2020
Date

X


Signature of Campaign Treasurer or Deputy Treasurer