

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

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

(PLEASE PRINT OR TYPE)

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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)

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

Gabriel D. Papadopoulos

8327 Creedmoor Ln
New Port Richey, FL 34654

4. Telephone

(352) 403-1868

5. E-mail address

gab777@aol.com

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

Board of County Commissioners
Dist. 4

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

Gabriel D. Papadopoulos

11. Mailing Address

8327 Creedmoor Ln, N.P.R.

12. Telephone

(352) 403-1868

13. City

N.P.R.

14. County

Pasco

15. State

FL

16. Zip Code

34654

17. E-mail address

gab777@aol.com

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

19. Name of Bank

Syvnas Bank

20. Address

10820 SR54

21. City

Trinity

22. County

Pasco

23. State

FL

24. Zip Code

34655

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

1-3-2020

26. Signature of Candidate

X

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

I, Gabriel D. Papadopoulos, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

1-3-2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer