

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

20 JUN 12 AM 11:30

BRIANE 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)  
MARY ELLEN COMELLA

3. Address (include post office box or street, city, state, zip code)  
2906 RIDERS PASS  
ODESSA FL 33556

4. Telephone  
(813 ) 390-9876

5. E-mail address  
mary.comella@yahoo.com

6. Office sought (include district, circuit, group number)  
MEMBER OF THE BOARD OF SUPERVISORS OF THE  
TSR COMMUNITY DEVELOPMENT DISTRICT SEAT 85

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     <sup>NEC</sup> No Party Affiliation     \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer  
BOB COMELLA

11. Mailing Address  
2906 RIDERS PASS

12. Telephone  
(813) 390-9875

13. City  
ODESSA

14. County  
PASCO

15. State  
FL

16. Zip Code  
33556

17. E-mail address  
BOB.COMELLA@YAHOO.COM

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

19. Name of Bank  
BANK OF AMERICA

20. Address  
303 W. KENNEDY TAMPA FL 33609

21. City  
TAMPA

22. County  
HILLSBOROUGH

23. State  
FL

24. Zip Code  
33609

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  
06/12/2020

26. Signature of Candidate  
*Mary Ellen Comella*

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

I, BOB COMELLA, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/12/20  
Date

*Bob Comella*  
Signature of Campaign Treasurer or Deputy Treasurer