

**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) **Gina GAGLIARDI-Finocchiaro**
3. Address (include post office box or street, city, state, zip code) **14140 Peace Blvd
SPRING HILL, FL 34610**

4. Telephone **(727) 967-7103**
5. E-mail address **Realtor.AnimalRescuer@gmail.com**

6. Office sought (include district, circuit, group number) **School Board Dist 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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer **Gina GAGLIARDI-Finocchiaro**

11. Mailing Address **10925 Piccadilly Rd. Port Richey, FL 34668**
12. Telephone **(727) 967-7103**

13. City **Port Richey** 14. County **Pasco** 15. State **FL** 16. Zip Code **34668** 17. E-mail address **Realtor.AnimalRescuer@gmail.com**

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

19. Name of Bank **WELLS FARGO**
20. Address **5136 Little Rd**

21. City **New Port Richey** 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 **2/1/22**
26. Signature of Candidate **X Gina Finocchiaro**

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, **Gina GAGLIARDI-Finocchiaro**, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
2/1/22 **X Gina Finocchiaro**
Date Signature of Campaign Treasurer or Deputy Treasurer