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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying



officer before opening the campaign account.								OFFIC	E USE ONLY				
1. CHECK APPROPRIATE Initial Filing of Form	•	6): filing to Change:		asurer/D	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								
SCOTT SPENCER TREMBLAY				code) 4930 BAY PARK DRIVE									
4. Telephone	5. E-mail address			PORT RICHEY, FL 34668									
(727)534-1814	trembla	ylaw@hotmai	l.com										
Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if								
PORT RICHEY MAYOR					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.									ndidate.				
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer													
10. Name of Treasurer or Deputy Treasurer JANET K. TREMBLAY													
11. Mailing Address 12. Telephone													
546 ROBIN HILL CIRCLE							(813) 685	.4420				
13. City BRANDON	14. County 15. Sta HILLSBOROUGH FL				16. Zip Code 17. E-mail address 33510 jtrembl3@tampabay.rr.com								
18. I have designated the following bank as my													
				20. Address									
TRUIST				9501 US. AWY 19 23. State 24. Zip Code FLOVIDA 34669									
21. City + \(\infty \)	_	22. County			23. State)	[2	24. Zip C					
Port Miche	9	PASCO) 		1-20	pride		346	64				
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.													
1				26. Signature of Candidate									
March 3, 2023								X ht h					
, , , , , , , , , , , ,	3			X	M	M	~	_					
		ptance of Appo	intment	(fill in the	e blanks and	d check the appr	opriate	block)					
	er's Acce	T K. TREMI	BLAY	X (fill in the	e blanks and	d check the appr	-	·	intment				
27. Treasur	er's Acce	T K. TREMI e Print or Type N	BLAY Name)	(fill in the		, do hereby a	-	·	intment				
	er's Acce	T K. TREMI	BLAY Name)	X / (fill in the			-	·	intment				
27. Treasur	JANE (Pleas	T K. TREMI e Print or Type N Campaign Tre	BLAY Name) asurer.	anot	Deputy T	, do hereby a	accept	the appo					