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.

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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,						
TTILLE FASANO	code),					
4. Telephone 5. Candidate's Voter Registration #:	1					
() 106334450						
(Not required for Qualifying Purposes)						
(Not required for Qualifying Purposes) - Phonetic spelling for audio ballot : Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):						
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:					
PASCO TAX COLLector	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	11. Telephone					
MILE FASANO	(2001 88 V 70 3 3)					
12. Mailing Address 13. City	14. State 15. Zip Code					
	+ weiso					
16. I have designated tne топоwing bank as my Primary Depository 🔲 Secondary Depository						
17. Name of Bank 18. Address						
First Notices & Backoffen 7-3613 S. R. 54						
19. City 20. County	21. State 22. Zip Code					
2	EGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND					
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.						
	gnature of Candidate					
08-31-5053 X						
25. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)						
, do hereby accept the appointment						
(Please Print or Type Name)						
designated above as: Campaign Treasurer. Deputy Treasurer.						
08-31.5053 X M						
Date Signature of Campaign Treasurer or Deputy Treasurer						