

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

23 AUG 24 AM 8:30

ERIANE CORLEY  
SUPERVISOR OF ELECTIONS  
NEW PORT SPRING, 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 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 - animal  
Rescuer@gmail.com

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

County Commissioner 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     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

ROBYN CARROLL

11. Mailing Address

13601 WHITBY RD.

12. Telephone

(727) 810 0747

13. City

HUDSON

14. County

PASCO

15. State

FL

16. Zip Code

34667

17. E-mail address

robynco7@rocketmail.com

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

TRUIST

20. Address

9005 S.R. 52

21. City

HUDSON

22. County

PASCO

23. State

FL

24. Zip Code

34669

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

8/23/23

26. Signature of Candidate

X Gina Finocchiaro

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

I, ROBYN CARROLL, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

8-23-23

Date

X Robyn Carroll

Signature of Campaign Treasurer or Deputy Treasurer