

**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.

RECEIVED
23 SEP 21 AM 10:08

BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA
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)

GARY WINFIELD JOINER

3. Address (include post office box or street, city, state, zip code)

7256 CYPRESS HAVEN DR.
NEWPORT RICHEY, FL 34653

4. Telephone

(727) 243-5817

5. Candidate's Voter Registration #:

106328569

(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):

GAR-VE C-BUCK-JOIN-ER

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

PASCO COUNTY MOSQUITO CONTROL
SEAT 3

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

GARY W. JOINER

11. Telephone

(727) 243-5817

12. Mailing Address

7256 CYPRESS HAVEN DR.

13. City

NEWPORT RICHEY

14. State

FL.

15. Zip Code

34653

16. I have designated the following bank as my

Primary Depository Secondary Depository

17. Name of Bank

FLAGSHIP BANK

18. Address

9040 TRAYSON BLVD STE 9102 BLDG

19. City

TRINITY

20. County

PASCO

21. State

FL.

22. 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.

23. Date

9-21-23

24. Signature of Candidate

X Gary W. Joiner

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

I, GARY WINFIELD JOINER (Please Print or Type Name), do hereby accept the appointment

designated above as: Campaign Treasurer. Deputy Treasurer.

9-21-23

Date

X

Gary W. Joiner
Signature of Campaign Treasurer or Deputy Treasurer