

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

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

(PLEASE TYPE)

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KURT S. HOLLANDING
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate Anthony Augugliaro	1. Address (include post office box or street, city, state, zip code) 16724 Caracara Court Spring Hill, Florida 34610
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Telephone (optional) (727) 992-8868	2. Party (Partisan candidates only) Non Partisan	3. Office (add district, circuit, group number) Mosquito Control, Seat 2
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Sabrina R. Downing

5. Mailing Address (If post office box or drawer add street address) 7402 Sheldrake Street	6. Telephone 727-505-9598
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7. City New Port Richey	8. County Pasco	9. State Florida	10. Zip Code 34654
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank Synovus Bank	12. Street Address 6435 Ridge Road		
13. City Port Richey	14. County Pasco	15. State Florida	16. Zip Code 34668

17. Signature of Candidate X 	Date 6/30/06
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Campaign Treasurer's Acceptance of Appointment

I, Sabrina R. Downing, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of Anthony Augugliaro

who is seeking nomination or election as a Non Partisan candidate to the office of
(Party)

Mosquito Control, Seat 2 . As a duly registered voter in Pasco County

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

<u>6/30/06</u> Date	X  Signature of Campaign Treasurer or Deputy Treasurer
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