

**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 filing officer before opening the campaign account.

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SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER 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):  
(Please Print or Type Name)

Christopher Gleason

**3. Address** (include PO Box or Street, City, State, Zip Code):

PO BOX 431  
Largo, Florida 33779

**4. Telephone:**

(727 ) 316-5522

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

gleasonforpinellas@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

Pinellas County Supervisor of Elections

**8. If a candidate for a nonpartisan office, check the box if applicable:**

☐ I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☒ Republican Party candidate.

**10. I have appointed the following person to act as my:**

☒ Campaign Treasurer

☐ Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Christopher Gleason

**12. Telephone:**

(727 ) 316-5522

**13. Email Address:**

gleasonforpinellas@gmail.com

**14. Mailing Address:**

PO BOX 431

**15. City:**

Largo

**16. State:**

Florida

**17. Zip Code:**

33779

**18. I have designated the following bank as my** (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

**19. Name of Bank:**

Truist Bank

**20. Address:**

3705 E Bay Dr

**21. City:**

Largo

**22. County:**

Pinellas

**23. State:**

Florida

**24. Zip Code:**

33771

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date:**

06/10/2024

**26. Signature of Candidate:**

X

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

I, Christopher Gleason do hereby accept the appointment designated above as:  
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

06/10/2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X