## **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



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SUPERVISOR OF ELECTIONS ELECTION SERVICE CENTER

officer before opening the campaign account.					OFFICE USE ONLY							
1. CHECK APPROPRIATE BOX(ES):												
✓ Initial Filing of Form	Re	-filing to Change:	. 🔲 Т	reasu	urer/Depu	ty [	Depository		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip							
Patricia 'Pat' Gerard					code) 3208 Seton Lane, Largo, FL 33774							
4. Telephone 5. E-mail address												
(727)599-3449 P												
6. <b>Office sought</b> (include district, circuit, group number) Pinellas County Commission, District 2					7. If a candidate for a <u>nonpartisan</u> office, check if							
The state of the s		applicable:  My intent is to run as a Write-In candidate.										
8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> My intent is to run as a												
Write-In No Party Affiliation Democratic Party candidate.												
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer Tom Alte												
11. Mailing Address		12. Telephone										
PO Box 16061		( 217 <sub>)</sub> 257-6998										
13. City St. Peteresburg	14. County Pinellas		15. Sta Florid		16. Zip ( 33733	5. Zip Code 17. E-mail address tom@blueticketcons				.com		
18. I have designated the following bank as my												
					20. Address 3463 22nd Ave N							
21. City St. Petersburg					23. State Florida				24. Zip Code			
or retersburg Fillelias									33713			
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.												
					26. Signature of Candidate							
5-29-17					X							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
Tom Alte , do hereby accept the appointment												
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer												
6/3/17 X 2/ um Colf												
Date Signature of Campaign Transurer or Deputy Treasurer												