

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

JAN 06 2016

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)

Salvatore Dominick Anicito

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

3020 Rogers Rd.
Ft. Pierce Fl. 34981

4. Telephone

(772) 528-0568

5. E-mail address

Electdeputy@aol.com

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

County Commissioner District 1

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 ☒ Democrat Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Terri L. Anicito

11. Mailing Address

3020 Rogers Rd. Ft. Pierce Fl. 34981

12. Telephone

(772) 579-0816

13. City

Ft. Pierce

14. County

St. Lucie

15. State

Fl.

16. Zip Code

34981

17. E-mail address

electdeputy@aol.com

18. I have designated the following bank as my ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

PNC Bank

20. Address

500 Virginia Ave.

21. City

Ft. Pierce

22. County

St. Lucie

23. State

Fl.

24. Zip Code

34982

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

1/6/2016

26. Signature of Candidate

X 

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

I, Terri Lynne Anicito, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

1-6-16

Date

X



Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

Salvatore Dominick Anicito

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

3070 Rogers Rd.
Ft. Pierce Fl. 34981

4. Telephone

(772) 528-0568

5. E-mail address

electdeputysa1@gmail.com

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

County Commissioner District 1

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 ☒ Democrat Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Salvatore D. Anicito

11. Mailing Address

3070 Rogers Rd.

12. Telephone

()

13. City

Ft. Pierce

14. County

St. Lucie

15. State

Fl.

16. Zip Code

34981

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25. Date

1/6/2016

26. Signature of Candidate

X 

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

I, Salvatore D. Anicito, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

1/6/2016
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer