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.	OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX(ES):		
	reasurer/Deputy Depository Office Party	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip	
John Joseph Carvelli	code) 183 NW Willow Grove Ave	
4. Telephone 5. E-mail address	Port St. Lucie FL. 34986	
(772)486-005) oarvelli Ohtoplus. no	#	
Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if	
Port St Lucie City Council, Nistrict	2 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	7 8	
Gerald A. D. Bertolomeo Jr.		
11. Mailing Address	12. Telephone	
9607 Enclave Drive, Port St. Lucie	Fla. (772) 971-9494	
13. City 14. County 15. Sta		
Port St. Lucie St. Lucie FL	34986 Jerryd Qdmh Pcpa, com	
18. I have designated the following bank as my	Land 1	
19. Name of Bank 20. Address		
Horber Community Sonk	1549 NW St. Lucie West Blud.	
21. City Part St. Lucie St. Lucie	Flunda 24. Zip Code 34986	
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	26. Signature of Capplidate	
1/25/16	x All Cans	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
1. <u>Certild A De Bertolopee</u> (Please Print or Type Name)	, do hereby accept the appointment	
(Please Print or Type Name)		
designated above as: Campaign Treasurer	Deputy Treasurer.	
1/25/16 X	energy	
	Signature of Campaign Treasurer or Deputy Treasurer	

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	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
John Joseph Carrelli	183 NM Willow Grave Ave
4. Telephone 5. E-mail address	Port St. Lucie, FLA 34986
172)486-4451 conellight plus. Ne	t 1
Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
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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,	
11. Mailing Address	12. Telephone
183 NW Willow Grove Ave	(772)486-4451
Port St. Luce St. Lucie FL	ate 16. Zip Code 17. E-mail address 34986 Correlli Ohtchus, net
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank Harber Community Bunk	20. Address 1549 NW Stluck West-Blug
21. City 22. County	FLORIDA 34986
Port St. Lucie St. Lucie	FLORIDA 34986
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	26. Signature of Candidate
1/25/16	x Alu Culli
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
. Karol M. Carvelli	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Deputy Treasurer Deputy Treasurer.	
1-25-16 X	Karol M. Carvelli 1
Date	Signature of Campaign Treasurer or Deputy Treasurer