

**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):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

JOHN LEONARD DIMOLA

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

731 SW ARKANSAS TERRACE
PORT ST. LUCIE, FL. 34953

4. Telephone

(772) 601-2934

5. E-mail address

JOHN.DIMOLA@ATL.NET

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

PORT ST. LUCIE CITY COUNCIL
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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

ROSE DIMOLA

11. Mailing Address

731 SW ARKANSAS TERRACE

12. Telephone

(772) 631-2283

13. City

PORT ST. LUCIE

14. County

ST. LUCIE

15. State

FL

16. Zip Code

34953

17. E-mail address

ROSE.DIMOLA@ATL.NET

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

19. Name of Bank
SEACOAST NATIONAL BANK

20. Address

1160 SW ST. LUCIE WEST BLVD, SUITE 101

21. City
PORT ST. LUCIE

22. County

FL

23. State

FL

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

6/7/16

26. Signature of Candidate

X John Leonard Dimola

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

I, ROSE DIMOLA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/7/16

Date

X Rose Dimola

Signature of Campaign Treasurer or Deputy Treasurer

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PORT ST. LUCIE, FL. 34953

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(772) 607-2934

5. E-mail address

JOHN.DIMOLA@ATT.NET

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

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JOHN DIMOLA

11. Mailing Address

731 SW ARKANSAS TERRACE

12. Telephone

(772) 607-2934

13. City

PORT ST. LUCIE

14. County

ST. LUCIE

15. State

FL.

16. Zip Code

34953

17. E-mail address

JOHN.DIMOLA@ATT.NET

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

19. Name of Bank
SEACOAST NATIONAL BANK

20. Address
1100 SW ST. LUCIE WEST BLVD. SUITE #101
349

21. City

PORT ST. LUCIE

22. County

ST. LUCIE

23. State

FL.

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

6/7/16

26. Signature of Candidate

X John R. Males

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

I, JOHN DIMOLA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/7/16
Date

X John R. Males
Signature of Campaign Treasurer or Deputy Treasurer