

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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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)

Georgann K Carnicella

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

2644 Magnolia Road, Deland, FL 32720

4. Telephone

(386) 717-5456

5. E-mail address

georganncarnicella@gmail.com

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

School Board 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

Gina Wells

11. Mailing Address

2985 Ruggles Road

12. Telephone

(386) 848-6713

13. City

Deland

14. County

Volusia

15. State

FL

16. Zip Code

32720

17. E-mail address

grdwells85@gmail.com

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

19. Name of Bank

~~PNC~~ SOUTTRUST BANK

20. Address

~~312 N. Woodland Blvd~~ 201 E. INTERNATIONAL
SPEECHWAY BLVD

21. City

Deland

22. County

Volusia

23. State

FL

24. Zip Code

32720

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

X Georgann K Carnicella

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

I, Gina Wells, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

8-20-21

Date

X

Signature of Campaign Treasurer or Deputy Treasurer