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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MAR 16 2022

BY: W

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy X Depository Office **▼** Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip PENCE INLET TONK COUNCEL 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 candidate. Partv 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer -midio Joseph Di CArlo 12. Telephone 11. Mailing Address U A 4 508

15 State 16. Zip Code 17. E-mail address (508) 294-0333 13. City Primary Depository 18. I have designated the following bank as my Secondary Depository 19. Name of Bank 20. Address 3640 So. AT Cantic Ave 23. State 24. 2 21. City 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 MArch 16 2022 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) midio Joseph Di Carlo , do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy Treasurer. March 16-2022 X Signature of Campaign Treasurer or Deputy Treasurer

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OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip 4. Telephone 2. Inlet, 7L. 32/27 (386)788-4617 ITVILLANCE O YMAIL. COM 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if PONCE INGI TOWN COUNCIL 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 candidate. No Party Affiliation Party **Deputy Treasurer** 9. I have appointed the following person to act as my Campaign Treasurer 10. Name of Treasurer or Deputy Treasurer MANE //A 11. Mailing Address 12. Telephone (386)18**R** 4617 17. E-mail address 13. Gity 15. State 16. Zip Code 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 24. Zip Code 21. City UNDÉR 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 MARCA 16, 2022 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print or Type Name) Deputy Treasurer. designated above as: Campaign Treasurer Signature of Campaign Treasurer or Deputy Treasurer