

Rec'd 10/2/23
11:19 a.m.

**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)

Shella DeGiacco

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

1630 Laurel Rd
WP Fl
32789

4. Telephone

(407) 256-2989

5. E-mail address

S6DeGiacco@gmail.com

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

Mayor, WP

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

Kay Sweeney

11. Mailing Address

2239 Park Maitland Ct

12. Telephone

(407) 325 0401

13. City

Maitland

14. County

SEM

15. State

FL

16. Zip Code

32751

17. E-mail address

KESCPAC@earthlink.net

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

19. Name of Bank

Valley

20. Address

200 East New England Ave.

21. City

WP

22. County

Orange

23. State

FL

24. Zip Code

32789 000

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

10/2/23

26. Signature of Candidate

X 

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

I, Kay Sweeney, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10-2-23
Date

X Kay Sweeney
Signature of Campaign Treasurer or Deputy Treasurer

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11:19 am
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2. Name of Candidate (in this order: First, Middle, Last) **3. Address** (include post office box or street, city, state, zip code)
Sheila DeGiacio 1630 Laurel Rd
WP FL
32789

4. Telephone **5. E-mail address**
(407) 256-2989 S6DEGACIO@GMAIL.COM

6. Office sought (include district, circuit, group number) **7. If a candidate for a nonpartisan office, check if applicable:**
Mayor, WP 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
JOHN HEINE

11. Mailing Address **12. Telephone (area)**
2358 SUMMERFIELD RD (407) 491-0870

13. City **14. County** **15. State** **16. Zip Code** **17. E-mail address**
WINTER PARK ORANGE FL 32792 JOHNHEINE@GMAIL.COM

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

19. Name of Bank **20. Address**
Valley 200 East New England Ave

21. City **22. County** **23. State** **24. Zip Code**
WP Orange FL 32789-000

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**
10-2-23 X [Signature]

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

10/2/2023 X [Signature]
Date Signature of Campaign Treasurer or Deputy Treasurer