

**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)**

Mariella Smith

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

108 Janie Street  
Ruskin, FL 33570

**4. Telephone**

(813 ) 314-7570

**5. E-mail address**

vote@mariellasmith.com

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

Hillsborough County Commission, District 6

**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     Democratic Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Mariella Smith

**11. Mailing Address**

108 Janie Street

**12. Telephone**

( 813 ) 314-7570

**13. City**

Ruskin

**14. County**

Hillsborough

**15. State**

Florida

**16. Zip Code**

33570

**17. E-mail address**

vote@mariellasmith.com

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

**19. Name of Bank**

Truist

**20. Address**

6530 N U.S. Hwy 41

**21. City**

Apollo Beach

**22. County**

Hillsborough

**23. State**

Florida

**24. Zip Code**

33572

**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**

8/22/2023

**26. Signature of Candidate**

X Mariella Smith

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

I, Mariella Smith, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

8/22/2023  
Date

X Mariella Smith  
Signature of Campaign Treasurer or Deputy Treasurer