

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

RECEIVED

SEP 25 2019

CITY OF NAPLES  
CITY CLERK

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)

Paul E. Perry

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

1730 3rd St S  
Naples, FL 34102

**4. Telephone**

( 614 ) 203-7800

**5. E-mail address**

paul.perry5@icloud.com

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

Naples City Council

**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**

Eileen Christman

**11. Mailing Address**

267 6th St N

**12. Telephone**

( 404 ) 218-3886

**13. City**

Naples

**14. County**

Collier

**15. State**

FL

**16. Zip Code**

34102

**17. E-mail address**

christman101@gmail.com

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

**19. Name of Bank**

IberiaBank

**20. Address**

429 9th St S

**21. City**

Naples

**22. County**

Collier

**23. State**

FL

**24. Zip Code**

34102

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**  
9/25/19

9/25/19

**26. Signature of Candidate**

X 

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

Eileen Christman

I, \_\_\_\_\_, do hereby accept the appointment

(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

9/25/2019  
Date

X   
Signature of Campaign Treasurer or Deputy Treasurer