

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

OCT 3 2023

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)

GARY B. PRICE

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

3003 TAMiami TRAIL N  
SUITE 410  
NAPLES FL 34103

4. Telephone

(239) 404-0731

5. Candidate's Voter Registration #:

103050176

(Not required for Qualifying Purposes)

(Not required for Qualifying Purposes) - **Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form):

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

MAYOR, CITY OF NAPLES

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

GARY PRICE

11. Telephone

(239) 404-0731

12. Mailing Address

3003 TAMiami TRAIL N #410

13. City

NAPLES

14. State

FL

15. Zip Code

34103

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

17. Name of Bank

FINEMARK BANK

18. Address

300 LAUREL OAK DR. #101

19. City

NAPLES

20. County

COLLIER

21. State

FL

22. Zip Code

34108

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.

23. Date

10-5-23

24. Signature of Candidate

X 

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

I, GARY PRICE, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer

10-5-23

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer