

**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 TAMAMI TR N #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, 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**

*DIANE BIGHAM*

**11. Telephone**

( )

**12. Mailing Address**

*6803 DEL MAR TERRACE*

**13. City**

*NAPLES*

**14. State**

*FL*

**15. Zip Code**

*34105*

**16. I have designated the following bank as my**

☒ Primary Depository      ☐ Secondary Depository

**17. Name of Bank**

*FINEMARK BANK*

**18. Address**

*800 LAUREL OAK DRIVE #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**

*[Signature]*

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

I, *Diane Bigham*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

*10-5-23*

Date

**X**

*Diane Bigham*  
Signature of Campaign Treasurer or Deputy Treasurer