

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

DEC 19 2023

CITY OF NAPLES
CITY CLERK

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Berne Lamar Barton

3. Address (include PO Box or Street, City, State, Zip Code):

1039 28th Ave N
Naples, FL 34103

4. Telephone:

(239) 450-2907

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

berneb@nsigroup.org

7. Office Sought (include district, circuit, group, or seat #):

City Council

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Matthew J Soldavini

12. Telephone:

(239) 262-7230

13. Email Address:

matt@swflacpa.com

14. Mailing Address:

791 10th St S; #301

15. City:

Naples

16. State:

FL

17. Zip Code:

34102

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

Bank of America

20. Address:

796 5th Ave 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: 12/19/2023

26. Signature of Candidate:

X 

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

I, Matthew J Soldavini do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 12/19/2023

29. Signature of Campaign Treasurer or Deputy Treasurer

X 