

**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)  
Diana Marcela Giraldo

**3. Address** (include post office box or street, city, state, zip code)  
10065 Lone Cypress St  
Fort Myers, FL 33966

**4. Telephone**  
(239) 476-0033

**5. E-mail address**  
DianaForWard6@gmail.com

**6. Office sought** (include district, circuit, group number)  
Fort Myers Council Ward 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     n/a \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**  
Cheryl Lynn Hill

**11. Mailing Address**  
10006 Sky View Way #206

**12. Telephone**  
(612) 599-2556

**13. City**  
Fort Myers

**14. County**  
Lee

**15. State**  
FL

**16. Zip Code**  
33913

**17. E-mail address**  
cheryl.hill266@gmail.com

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

**19. Name of Bank**  
Sanibel Captiva Community Bank

**20. Address**  
11691 Gateway Blvd. Suite 100

**21. City**  
Fort Myers

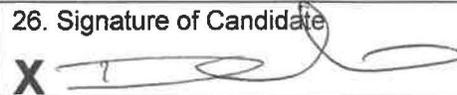
**22. County**  
Lee

**23. State**  
FL

**24. Zip Code**  
33913

**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**  
6/25/2020

**26. Signature of Candidate**  
 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, Cheryl Lynn Hill, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

6/25/20  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer