

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

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

(PLEASE PRINT OR TYPE)

2022 JUN 15 PM 1:23

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

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)

Susan Cashman Coyle

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

2450 SW 112th Avenue, Davie, FL 33325

4. Telephone

(954) 559-0140

5. E-mail address

flscoyle@gmail.com

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

Central Broward Water Control District, Zone 2

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

Susan Coyle

11. Mailing Address

2450 SW 112th Ave.

12. Telephone

(954) 559-0140

13. City

Davie

14. County

Broward

15. State

FL

16. Zip Code

33325

17. E-mail address

flscoyle@gmail.com

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

19. Name of Bank

Centennial Bank

20. Address

2205 S. University Dr.

21. City

Davie

22. County

Broward

23. State

FL

24. Zip Code

33324

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

6/15/2022

26. Signature of Candidate

X



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

I, Susan Coyle, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

6/15/2022
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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2022 JUN 15 PM 1:28

BROWARD COUNTY
SUPERVISOR OF ELECTIONS

I, Susan Coyle,

candidate for the office of Central Broward Water Control District Zone 2

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

6/15/22

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).