

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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

I do not plan  
to take in or  
collect any or spend any  
money.  
KL

**RECEIVED**  
2025 MAR -7 AM 10:31  
MANATEE COUNTY  
SUPERVISOR OF ELECTIONS

**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)

Kellie Kathleen Stoddard

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

10720 303 Ave. E  
Dunee, Fl. 34219

**4. Telephone:**

(941) 345-6548

**5. Candidate's Voter Registration #:**

105407862  
(not required for qualifying purposes)

**6. Email Address:**

FLBACOWGIRL@gmail.com

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

Dunee Fire Commissioner Seat 1

**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:**

N/A

**12. Telephone:**

( )

**13. Email Address:**

**14. Mailing Address:**

**15. City:**

**16. State:**

**17. Zip Code:**

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

**19. Name of Bank:**

N/A

**20. Address:**

**21. City:**

**22. County:**

**23. State:**

**24. Zip Code:**

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:**

3/7/24

**26. Signature of Candidate:**

X Kellie Stoddard

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

I, \_\_\_\_\_ do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X