

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2022 JUN 14 PM 4:57

PALM BEACH COUNTY, FL.

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)

Patricia A. Farrell

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

10559 87th Ln N.  
Loxahatchee, FL 33470

4. Telephone

(561) 319-7466

5. E-mail address

pfarrell33470@gmail.com

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

Indian Trails Improvement Dist

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  Republican Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

Kaitlynn Farrell

11. Mailing Address

17516 64th Pl N

12. Telephone

(561) 412-7006

13. City

Loxahatchee

14. County

Palm Beach

15. State

FL

16. Zip Code

33470

17. E-mail address

kfarrell33470@gmail.com

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

19. Name of Bank

Truist

20. Address

280 S. Ocean Blvd.

21. City

Manalapan

22. County

Palm Beach

23. State

FL

24. Zip Code

33462

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

6/13/2022

26. Signature of Candidate

X [Signature]

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

I, Kaitlynn Farrell, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

6/13/22

Date

X Kaitlynn Farrell

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS  
2022 JUN 14 PM 5:01  
PALM BEACH COUNTY, FL.

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) *Patricia A. Farrell*      3. Address (include post office box or street, city, state, zip code) *10559 87th Ln N. Loxahatchee, FL 33470*

4. Telephone *(561) 319-7466*      5. E-mail address *pfarrell33470@gmail.com*

6. Office sought (include district, circuit, group number) *Indian Trails Improvement District*      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     ~~PP~~ 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 *Patricia A. Farrell*

11. Mailing Address *10559 87th Ln N.*      12. Telephone *(561) 3197466*

13. City *Loxahatchee*    14. County *PBC*    15. State *FL*    16. Zip Code *33470*    17. E-mail address *pfarrell33470@gmail.com*

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

19. Name of Bank *Truist Bank*      20. Address *280 Ocean Blvd*

21. City *Manalapan*      22. County *PBC*      23. State *FL*      24. Zip Code *334*

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 *6/14/2022*      26. Signature of Candidate *X [Signature]*

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

designated above as:  Campaign Treasurer     Deputy Treasurer.  
*6/14/2022*      *X [Signature]*  
Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

**OFFICE USE ONLY**  
SUPERVISOR OF ELECTIONS

2022 JUN 14 PM 4:57

PALM BEACH COUNTY, FL.

I, Patricia Farrell,

candidate for the office of Indian Trails Improvement District;  
Seat - § 3 (PF)

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Patricia Farrell

Signature of Candidate

6/14/2022

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).