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 qualifying

2019 OCT -9 AM 10: 06

BRIAN F. CORLEY SUPERVISOR OF FLECTIONS LAND GLAKES, FLORIDA

officer before opening the campaign account.						OFFICE USE ONLY						
1. CHECK APPROPRIATE Initial Filing of Form		S): -filing to Change	: 🗆 -	Treas	urer/[Deputy] Deposito	ory	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)						3. Address (include post office box or street, city, state, zip						
Colleen Rene Beaudoin					code) 21223 Sky Vista Dr.							
4. Telephone	5. E-mail address				Land O'Lakes, FL 34637							
(813) 929-9884	CountOnColleen@gmail.com											
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if							
School Board Member			applicable:						C-1-4-			
		My intent is to run as a Write-In candi						idate.				
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 Aff	iliation	() 1					Pa	arty car	ididate.		
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer												
Colleen Beaudoin												
11. Mailing Address						12. Telephone						
21223 Sky Vista Dr.						(813) 929-9884						
13. City	14. County		15. State FL		16. Zip Code 17. E-mail address							
Land O'Lakes Pasco					34637 CountOnColleen@gmail.com							
						Primary Depository Secondary Depository						
19. Name of Bank				20. Address								
Bank of America				228	350 S	50 State Road 54						
21. City						23. State			24. Zip Code			
Lutz		Pasco				FL			33549			
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					26. Signature of Candidate							
10-9-19					x (Willen I. Dr.							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
, Colleen Beaudoin						, do hereby accept the appointment						
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
10-9-19 x /5/Cent 2.												
Date				Signature of Campaign Treasurer or Deputy Treasurer								