

**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
officer before opening the campaign account.**

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**BRIAN E CORLEY
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA**

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)

DAVID PAUL LAROCHE

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

14851 STATE ROAD 52, UNIT 107
SUITE 182
HUDSON, FLORIDA 34669-4061

4. Telephone

(727) 228-0598

5. E-mail address

drlaroch@gmail.com

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

SUPERINTENDENT OF PASCO COUNTY
SCHOOLS

**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

DAVID LAROCHE

11. Mailing Address

14851 STATE ROAD 52 UNIT 107 SUITE 182

12. Telephone

(727) 228-0598

13. City

HUDSON

14. County

PASCO

15. State

FL

16. Zip Code

34669

17. E-mail address

drlaroch@gmail.com

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

19. Name of Bank

WELLS FARGO

20. Address

8423 RIDGE ROAD

21. City

NEW PORT RICHEY

22. County

PASCO

23. State

FLORIDA

24. Zip Code

34654

**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

01/03/2020

26. Signature of Candidate

X

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

I, DAVID LAROCHE, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

01/03/2020
Date

X

Signature of Campaign Treasurer or Deputy Treasurer