

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

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

(PLEASE PRINT OR TYPE)

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2022 SEP 23 PM 3:57

BRIAN E. CORLEY  
SUPERVISOR OF ELECTIONS  
DADE CITY, FLORIDA

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)

Lisa M Vaile

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

6637 Bluff Meadow Ct.  
Wesley Chapel, FL 33545

4. Telephone

(813) 943-1869

5. E-mail address

Lisamvaile@gmail.com

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

Seat 1, Oak Creek Community  
CAB

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

Lisa Vaile

11. Mailing Address

6637 Bluff Meadow Ct

12. Telephone

(813) 943-1869

13. City

Wesley Chapel

14. County

Pasco

15. State

FL

16. Zip Code

33545

17. E-mail address

Lisamvaile@gmail.com

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

Suncoast Schools Credit Union

20. Address

12510 US-301, Dade City

21. City

Dade City

22. County

Pasco

23. State

FL

24. Zip Code

33525

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

9-23-22

26. Signature of Candidate

X Lisa Vaile

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

I, Lisa M Vaile, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

9-23-22

Date

X

Lisa Vaile  
Signature of Campaign Treasurer or Deputy Treasurer