

**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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BRIGID E. CORLEY
SUPERVISOR OF ELECTIONS
NEW PORT RICHEY, FLORIDA

OFFICE USE ONLY

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

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)

Christopher Michael Dunning

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

10410 Marsha Drive, New Port Richey, FL, 34655

4. Telephone:

(727) 505-5288

5. Candidate's Voter Registration #:

106444643

(not required for qualifying purposes)

6. Email Address:

cmdunning33@gmail.com

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

Superintendent of Schools

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:

Krystal Doddles

12. Telephone:

(727) 687-2656

13. Email Address:

krystaldoddles@gmail.com

14. Mailing Address:

31745 SUN KETTLE LOOP

15. City:

Wesley Chapel

16. State:

FL

17. Zip Code:

33545

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

19. Name of Bank:

South State Bank

20. Address:

1815 Little Road

21. City:

Trinity

22. County:

Pasco

23. State:

FL

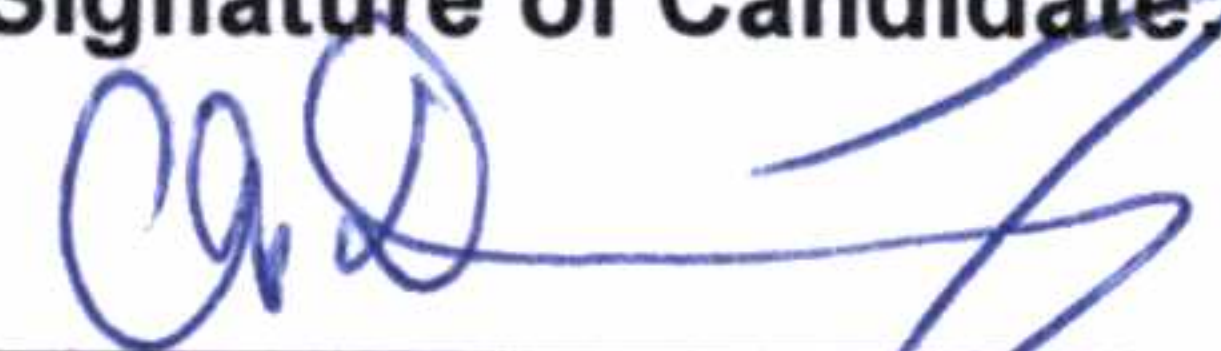
24. Zip Code:

34655

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: 2/16/24

26. Signature of Candidate:

X 

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

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

Campaign Treasurer.

Deputy Treasurer.

28. Date: 2/15/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X 