

**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 filing officer before opening the campaign account.

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24 JAN -3 PM 3:29

LEWIS J. JOHNSON  
SUPERVISOR OF ELECTIONS  
LAND O'LAKE, 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):  
(Please Print or Type Name)

Colleen Rene Beaudoin

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

21223 Sky Vista Dr.  
Land O'Lakes, FL 34637

**4. Telephone:**

(813 )929-9884

**5. Candidate's Voter Registration #:**

106487931

(not required for qualifying purposes)

**6. Email Address:**

countoncolleen@gmail.com

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

School Board Member, District 2

**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:**

Colleen Beaudoin

**12. Telephone:**

(813 )929-9884

**13. Email Address:**

countoncolleen@gmail.com

**14. Mailing Address:**

21223 Sky Vista Dr.

**15. City:**

Land O'Lakes

**16. State:**

FL

**17. Zip Code:**

34637

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

**19. Name of Bank:**

Bank of America

**20. Address:**

21725 Village Lakes Shopping Center Dr.

**21. City:**

Land O'Lakes

**22. County:**

Pasco

**23. State:**

FL


**24. Zip Code:**

34639

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:** 1-3-24

**26. Signature of Candidate:**

X 

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

I, Colleen R. Beaudoin  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 1-3-24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 