

**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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SUPERVISOR OF ELECTIONS  
ELECTIONS SERVICE CENTER

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)**

Stacy Geier

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

13022 125th Avenue  
Largo, Florida 33774

**4. Telephone**

( 727 ) 641-1244

**5. E-mail address**

votestacygeier@gmail.com

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

Pinellas County School Board District 5

**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**

Kim Bailes

**11. Mailing Address**

1103 Hays Street

**12. Telephone**

( 850 ) 212-0226

**13. City**

Tallahassee

**14. County**

Leon

**15. State**

Florida

**16. Zip Code**

32301

**17. E-mail address**

noreen@pacfm.net

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

**19. Name of Bank**

Truist Bank

**20. Address**

2051 Thomasville Road

**21. City**

Tallahassee

**22. County**

Leon

**23. State**

Florida

**24. Zip Code**

32308

**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**

8-31-2023

**26. Signature of Candidate**



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

I, Kim Bailes, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer.     Deputy Treasurer.

8/24/23  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer