

**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.

RECEIVED  
2017 MAY 30 AM 11:50  
SUPERVISOR OF ELECTIONS  
ELECTION 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)

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

DOREEN CAUDELL

P.O. BOX 8587  
CLEARWATER, FL 33756

4. Telephone

5. E-mail address

(727) 423-9969

DORSEEN@DOREENCAUDELL.COM

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

7. If a candidate for a nonpartisan office, check if  
applicable:

☐ My intent is to run as a Write-In candidate.

COUNTY COMMISSION DISTRICT 2

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

THOMAS KIERNAN

11. Mailing Address

12. Telephone

569 71st AVE N

(727) 422-1345

13. City

14. County

15. State

16. Zip Code

17. E-mail address

ST PETERSBURG

PINELLAS

FL

33702

TKIERNAN@HOTMAIL.COM

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

19. Name of Bank

20. Address

SYNOVUS

333 3rd AVE N

21. City

22. County

23. State

24. Zip Code

ST PETERSBURG

PINELLAS

FL

33701

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

26. Signature of Candidate

5/30/17

X

Doreen CaudeLL

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

I, THOMAS M. KIERNAN, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer    ☐ Deputy Treasurer.

16 MAY 2017

Date

X

Thomas M. Kiernan

Signature of Campaign Treasurer or Deputy Treasurer