

**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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SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

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)

DOREEN CAUDELL

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

P.O. Box 8587

CLEARWATER, FL 33756

**4. Telephone**

(727) 423 9969

**5. E-mail address**

DOREEN@DOREENCAUDELL.COM

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

PIWELLAS COUNTY  
COMMISSION, DISTRICT 2

**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    ☒ 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**

DOREEN CAUDELL

**11. Mailing Address**

1453 MLK SR AVE

**12. Telephone**

(727) 423 9969

**13. City**

CLEARWATER

**14. County**

PIWELLAS

**15. State**

FL

**16. Zip Code**

33756

**17. E-mail address**

DOREEN.CAUDELL@D-MAR.COM

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

**19. Name of Bank**

SYNOVUS

**20. Address**

333 3RD AVE N

**21. City**

ST PETERSBURG

**22. County**

PIWELLAS

**23. State**

FL

**24. Zip Code**

33756

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**

5/30/17

**26. Signature of Candidate**

X 

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

I, DOREEN CAUDELL, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer    ☒ Deputy Treasurer.

5/30/17

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer