

**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)**

Eileen M. Long

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

2019 Southpointe Dr.  
Dunedin, FL 34698

**4. Telephone**

(727) 953-2977

**5. E-mail address**

EileenLong@aol.com

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

Pinellas County School Board District 4

**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**

Barbara Guyette

**11. Mailing Address**

2266 Wilshire Dr

**12. Telephone**

(727) 400 6198

**13. City**

Dunedin

**14. County**

Pinellas

**15. State**

FL

**16. Zip Code**

34698

**17. E-mail address**

guyette1947@gmail.com

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

**19. Name of Bank**

Achieva CU

**20. Address**

1150 Achieva Way  
Dunedin 34698

**21. City**

Dunedin

**22. County**

Pinellas

**23. State**

FL

**24. Zip Code**

34698

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**

7-15-2019

**26. Signature of Candidate**

X Eileen M Long

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

I, Barbara Guyette, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

7/14/19

Date

X

Barbara Guyette

Signature of Campaign Treasurer or Deputy Treasurer