

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.

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)

WARREN W LINDSEY

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

Winter Park, Fla 32789

4. Telephone:

( [REDACTED] )

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

WARREN@WARREN.LINDSEY.AV.COM

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

Winter Park  
Commission Seat 4

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:

Eileen Forrester

12. Telephone:

[REDACTED]

13. Email Address:

eileencathryn@gmail.com

14. Mailing Address:

[REDACTED]

15. City:

W.P.

16. State:

FL

17. Zip Code:

32789

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

19. Name of Bank:

Valley Bank

20. Address:

200 E. New England Ave

21. City:

Winter Park

22. County:

ORANGE

23. State:

FL

24. Zip Code:

32789

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:

9/20/2024

26. Signature of Candidate:

X [Signature]

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

I, Eileen Forrester

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

9/20/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]

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(Section 106.021(1), F.S.)

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9-5-24 A 11:15 IN

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2. Name of Candidate (in this order: First, Middle, Last):  
(Please Print or Type Name)

WARREN W LINDSEY

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

WINTER PARK, FL 32789

4. Telephone:

([REDACTED])

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

WARREN@WARREN.LINDSEY.PAID.COM

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

WINTER PARK CITY COMMISSIONER, SEAT 4

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

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☐ 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:

WARREN W LINDSEY

12. Telephone:

[REDACTED]

13. Email Address:

WARREN@WARREN.LINDSEY.PAID.COM

14. Mailing Address:

[REDACTED]

15. City:

WINTER PARK

16. State:

FLA

17. Zip Code:

32789

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25. Date:

9/25/24

26. Signature of Candidate:

X [Signature]

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

I, WARREN W. LINDSEY do hereby accept the appointment designated above as:

(Please Print or Type Name)

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

9/25/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]