## **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 filling officer before opening the campaign account.

RECEIVED

2024 MAY 29 AM 10-11

MANATEE COUNTY
SUPERVISOR OF ELECTIONS
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 PO Box or Street, City, State, Zip Code):   |              |         |                         |               |                    |             |                     |
| (Please Print or Type Name)  |              |         | 11080 58th STREET CIR E |               |                    |             |                     |
| THOMAS EUGENE BENTON   |              |         | PARRISH, FL 34219       |               |                    |             |                     |
|  |              |         |                         |               |                    |             |                     |
| Telephone: 5. Candidate's Voter Registration #: 6. Email Address:  |              |         |                         |               |                    |             |                     |
| (941) 448 7747 121901570 (not required for qualifying purposes) thomas.e. bendon@gmail.com   |              |         |                         |               |                    | nail.com    |                     |
| 7. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for a <u>nonpartisar</u> office, check the box if applicable:   |              |         |                         |               |                    |             |                     |
| HARRISON RANCH CDD BOARD OF if applicable:  DIRECTORS, SERT #5 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:   |              |         | 12. Telephone:          |               | 13. Email Address: |             |                     |
| <b>h</b> 1   | 1            |         | (                       | )             |                    |             |                     |
| 14. Mailing Address:   | ,            | 15. Cit | y:                      |               | 16. St             | ate:        | 17. Zip Code:       |
| 18. I have designated the following bank as my (check appropriate box):   Primary Depository   Secondary Depository  |              |         |                         |               |                    |             |                     |
| 19. Name of Bank: 20. Address:   |              |         |                         |               |                    |             |                     |
| 21. City:  | City: 22. Co |         | unty: 2:                |               | 23. State:         |             | 24. Zip Code:       |
|  |              |         |                         |               |                    |             |                     |
| 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. |              |         |                         |               |                    |             |                     |
| 26. Signature of Candidate:  |              |         |                         |               |                    |             |                     |
| 25. Date: 5/14/2024 X 1. D. X  |              |         |                         |               |                    |             |                     |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)   |              |         |                         |               |                    |             |                     |
|  |              |         |                         |               |                    |             |                     |
| do hereby accept the appointment designated above as:  |              |         |                         |               |                    |             |                     |
| (Please Print or Type Name)  |              |         |                         |               |                    |             |                     |
| Campaign Treasurer. Deputy Treasurer.  |              |         |                         |               |                    |             |                     |
| 00 B-4   |              |         | 29. S                   | Ignature of C | ampaig             | n Treasurer | or Deputy Treasurer |
| 28. Date:  |              |         | X                       |               |                    |             |                     |
| DS-DE 9 /Rev. 09/23) Rule 1S-2 0001 E A C  |              |         |                         |               |                    |             |                     |

I, Thomas E. Benton, as a candidate for the Harrison Ranch CDD Board of Directors hereby declare that I will not be expending any funds in my campaign for the above-mentioned position. I thereby will not be designating a campaign treasurer not opening a special account to handle campaign funds.

Signed,

Thomas E. Benton

28th of May 2024

MANATEE COUNTY
SUPERVISOR OF ELECTION