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

REC'D MAY 2 '24 AM9:42 MARION COUNTY SOE

opening the campaign account.							OFFICE USE ONLY	
1. CHECK APPROPRIATE BOX	X(ES):							
■ Initial Filing of Form □ Re-filing to Change: □ Treasurer/Deputy □ Depository □ Office □ Party								
Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name)			3. Address (include PO Box or Street, City, State, Zip Code): 5398 SW 40th Circle					
Daniel D Balys			3396 SW 40th Chicle					
			Ocala, Florida 34474					
4. Telephone: 5. Candidate's Voter Registre 131272858								
(773) 230-8247	(not required for quali	danbalys@hotmail.com						
7. Office Sought (include district, circuit, group, or seat #):				8. If a candidate for a <u>nonpartisan</u> office, check the box				
County Commissi		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:			12. Telephone:			13. Email Address:		
Russell E Urekar			(773) 383-1843 urekar.balys27@gmail.com					
14. Mailing Address: 5398 SW 40th Circle		15. City:			16. State:		17. Zip Code:	
	Ocala			FL		34474		
18. I have designated the following bank as my (check appropriate box): Primary Depository								
19. Name of Bank: MidFlorida Credit Union			20. Address: 5450 SW College Road					
21. City:	22. County:			23. State:		24. Zip Code:		
Ocala	Marion		-	FL		34474		
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.								
1 May 2024 25. Date:			26. Signature of Candidate:					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)								
Periol D Polyo Restall C. Mark								
(Please Print or Type Name)				_do hereby accept the appointment designated above as:				
☐ Campaign Treasurer. ☐ Deputy Treasurer.								
5/1/2024 28. Date:			29. Signature of Campaign Treasurer or Deputy Treasurer					
			X					
DS-DE 9 (Rev. 09/23)			/			Ru	le 1S-2.0001, F.A.C.	