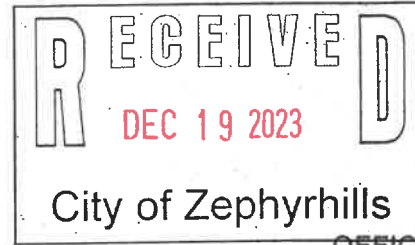


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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.



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)
Sam R. Turgeon

3. Address (include PO Box or Street, City, State, Zip Code):
5527 16th Street
Zephyrhills, FL 33542

4. Telephone:
(203)623-7794

5. Candidate's Voter Registration #:
121424732
(not required for qualifying purposes)

6. Email Address:
sam@sunlightre.com

7. Office Sought (include district, circuit, group, or seat #):
Zephyrhills Council Seat 3

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:
Linda D. Boan

12. Telephone:
(813)788-6498

13. Email Address:
zhcityclerk@yahoo.com

14. Mailing Address:
5554 17th Street

15. City:
Zephyrhills

16. State:
FL

17. Zip Code:
33542

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

19. Name of Bank:
SouthState Bank

20. Address:
6930 Gall Blvd.

21. City:
Zephyrhills

22. County:
Pasco

23. State:
FL

24. Zip Code:
33542

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: 12/19/2023

26. Signature of Candidate:

X *Sam Turgeon*

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

I, Linda D. Boan do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 12/19/2023

29. Signature of Campaign Treasurer or Deputy Treasurer

X *Linda D Boan*