

**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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NOTE: This form must be on file with the filing officer before opening the campaign account.

BRIAN E CORLEY OFFICE USE ONLY  
SUPERVISOR OF ELECTIONS  
NEW PORT RICHEY, FLORIDA

**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)

~~IRIS~~ IRIS RAMIREZ  
JR

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

1240 Chelsea Lane  
Holiday, FL 34691  
JR

**4. Telephone:**

(239) 940-5056

**5. Candidate's Voter Registration #:**

111688065  
(not required for qualifying purposes)

**6. Email Address:**

SAVEANCLOTTE@YAHOO.COM

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

COUNTY COMMISSIONER  
DISTRICT 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.  REPUBLICAN Party candidate.

**10. I have appointed the following person to act as my:**  Campaign Treasurer  Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

IRIS RAMIREZ

**12. Telephone:**

(239) 940-5056

**13. Email Address:**

SAVEANCLOTTE@YAHOO.COM

**14. Mailing Address:**

1240 CHELSEA LANE

**15. City:**

HOLIDAY

**16. State:**

FL

**17. Zip Code:**

34691

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

**19. Name of Bank:**

FIFTH THIRD BANK

**20. Address:**

4714 MILE STRETCH DR

**21. City:**

HOLIDAY

**22. County:**

PASCO

**23. State:**

FL

**24. Zip Code:**

34691

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:**

MAR 14 2024

**26. Signature of Candidate:**

X Iris Ramirez

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

I, IRIS RAMIREZ do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

JR 3/14/2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X Iris Ramirez