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 qualifying

RECEIVED

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JAN 0 3 2018

SUPERVISOR OF ELECTIONS PASCO COUNTY, FLORIDA

officer before opening the campaign account.									OFFICE	E USE ONLY	
1. CHECK APPROPRIATE Initial Filing of Form	-	S): e-filing to Change	: 🔲 🤈	Freası	urer/l	Deputy [Deposito	ry 🔀	Office	g/B ☑ Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						
Ryan, Patrick, Boney					code) 12273 Lyon Pine Ln						
4. Telephone	5. E-mail address				Odessa, FL, 33556						
	-	an.boney@hotmail.com									
Office sought (include district, circuit, group number) County Commissioner, District 4					7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a											
Write-In No Party Affiliation Republican Party Party candidate.											
9. I have appointed the following person to act as my											
10. Name of Treasurer or Deputy Treasurer Catherine Boney											
11. Mailing Address 12. Telephone											
12273 Lyon Pine Ln					(727) 375596	9				
13. City	14. County		15. Sta	ate			17. E-mail address				
Odessa	Pasco		FL 3		335	3556 ryan.boney@hotmail.com					
						Primary Depository Secondary Depository					
19. Name of Bank					20. Address						
Florida West Coast Credit Union					7200 Ridge Rd #1						
21. City		22. County				23. State			24. Zip Co	ode	
New Port Richey Pasco					Florida				34668		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.											
					26. Signature of Candidate						
01/03/2018					x (L/X) / bonny						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, Catherine Resect a Bone , do hereby accept the appointment (Please Print or Type Name)											
designated above as:	\boxtimes	Campaign T	reasure	r		Deputy Trea	asurer.			-	
01/03/20)18		X				PAL				
Date				Signa	Signature of Campaign Treasurer or Deputy Treasurer						