

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

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2022 JUN 10 PM 4:23

FILED FOR RECORD
SARASOTA COUNTY

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

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)

Ramon Howard Porter

3. Address (include post office box or street, city, state, zip code)

10266 Morning Mist Lane
Sarasota, FL 34241

4. Telephone

(941) 923-4861

5. E-mail address

ray@portersrule.com

6. Office sought (include district, circuit, group number)

Sarasota County Charter Review Board
District 4
2-year seat

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 ☒ Democratic Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of (Treasurer or Deputy Treasurer)

Denise C. Porter

11. Mailing Address

10266 Morning Mist Lane

12. Telephone

(941) 504-1157

13. City

Sarasota

14. County

Sarasota

15. State

FL

16. Zip Code

34241

17. E-mail address

porters2021@gmail.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Truist Bank

20. Address

5727 Gantt Rd.

21. City

Sarasota

22. County

Sarasota

23. State

FL

24. Zip Code

34233

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.

25. Date

6/1/2022

26. Signature of Candidate

X *Ramon Porter*

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

I, Denise C. PORTER, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer. ☐ Deputy Treasurer.

6/8/22

Date

X *Denise Porter*

Signature of Campaign Treasurer or Deputy Treasurer