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

SUPERVISER OF ELECTIONS

2023 JAN 13 AM 11: 12

FILED FOR RECORD SARASOTA COUNTY

officer before opening the campaign account. OFFICE USE ONLY Add 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip sacasota FL 34230 RAY PILON 4. Telephone 6. Office sought (include district, circuit, group number)

Sarc Suta COUNTY COMMISSION 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 KEPUBLICAN Write-In No Party Affiliation Party candidate. 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone City

14. County

15. State

16. Zip Code

17. E-mail address Sarasota Sarasota15. State Sarasota SarasotaPrimary Depository

| Secondary Depository 13. City 18. I have designated the following bank as my 19. Name of Bank 5 REPORT UNION 5881 FRUITVILLE RD
21. City 22. County 23. State 24. Zi 21. City SARASOTA 24. Zip Code 34232-6412 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 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Ray Polon (Please Print or Type Name) , do hereby accept the appointment designated above as: Campaign Treasurer. Deputy Treasurer. 01/13/9-3 Signature of Campaign Treasurer or Deputy Treasurer