

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2023 AUG 10 AM 11:12

FILED FOR RECORD
SARASOTA COUNTY

(PLEASE PRINT OR TYPE)

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)

Mike Moran

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

4411 Bee Ridge Road #134
Sarasota, Florida 34233

4. Telephone

(941) 400-1140

5. E-mail address

Mike@VoteForMoran.com

6. Office sought (include district, circuit, group number)
Sarasota County Tax Collector

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 candidate.

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

10. Name of Treasurer or Deputy Treasurer

Noreen A Fenner

11. Mailing Address

1103 Hays Street

12. Telephone

(850) 212-0226

13. City
Tallahassee

14. County
Leon

15. State
Florida

16. Zip Code
32301

17. E-mail address
noreen@pacfm.net

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

19. Name of Bank
Truist Bank

20. Address
2051 Thomasville Road

21. City
Tallahassee

22. County
Leon

23. State
Florida

24. Zip Code
32308

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

8/10/2023

26. Signature of Candidate

X

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

I, Noreen A Fenner, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

Campaign Treasurer. Deputy Treasurer.

8-10-23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer