

**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

2024 FEB 22 PM 4:35

FILED FOR RECORD  
SARASOTA COUNTY  
OFFICE USE ONLY

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

**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)

George F Davis

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

121 Castile Street  
Venice, FL 34285

**4. Telephone:**

(318) 965-0179

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

125153955

(not required for qualifying purposes)

**6. Email Address:**

gdavis@yahoo.com

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

Sarasota County Public Hospital  
Board Seat 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.     Democratic Party candidate.

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

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

Mariann Hunter

**12. Telephone:**

(203) 543-7728

**13. Email Address:**

mom.hunter@gmail.com

**14. Mailing Address:**

814 Blue Crane Dr

**15. City:**

Venice

**16. State:**

FL

**17. Zip Code:**

34285

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

**19. Name of Bank:**

Bank of America

**20. Address:**

1270 Jacaranda Blvd

**21. City:**

Venice

**22. County:**

Sarasota

**23. State:**

FL

**24. Zip Code:**

34292

**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:**

2/22/2024

**26. Signature of Candidate:**

X George F Davis

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

I, Mariann Hunter

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

2/22/24

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

X Mariann L. Hunter