

**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 3:53

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)

Thomas Andrew Babicz

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

P.O. Box 2111  
Venice, Florida 34284

**4. Telephone:**

(201 ) 213-5448

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

127289786

(not required for qualifying purposes)

**6. Email Address:**

Thomasedisonnj@gmail.com

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

Sarasota School Board District 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.     \_\_\_\_\_ Party candidate.

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

Campaign Treasurer

Deputy Treasurer

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

Thomas Andrew Babicz

**12. Telephone:**

(201 ) 213-5448

**13. Email Address:**

Thomasedisonnj@gmail.com

**14. Mailing Address:**

P.O. Box 2111

**15. City:**

Venice

**16. State:**

Florida

**17. Zip Code:**

34284

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

**19. Name of Bank:**

Liberty Savings Bank, FSB

**20. Address:**

4103 S. Tamiami Trail

**21. City:**

Venice

**22. County:**

Sarasota

**23. State:**

Florida

**24. Zip Code:**

34293

**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

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

I, Thomas Andrew Babicz

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

2/22/2024

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

X