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 filing officer before opening the campaign account.

SUPERVISOR OF ELECTIONS SARASOTA COURTY FLORIDA

2024 MAR 20 PM 4: 42

FILED FOR RECORD SARASOTA COUNTY OFFICE USE ONLY

opening the campaign account.	OANAGO IA CORRES OFFICE USE ONLY
1, CHECK APPROPRIATE BOX(ES):	
	urer/Deputy Depository Deffice Party
2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name).	3. Address (include PO Box or Street, City, State, Zip Code):
A .\	4564 RobiNhood TIA:1
JAY WILLAM RILLY	
,	SARASOTA, FL 34252
4. Telephone: 5. Candidate's Voter Registr	•
7. Office Sought (include district, circuit, group, or seat #):	·
7. Office Sought (include district, circuit, group, or seat #):	8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:
SARACOTA CHASTEL ROVIEW BOARD DIST #/	☐ 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. ☐	Refublican Party candidate.
10. I have appointed the following person to act as my: 🗹 Campaign Treasurer 🔲 Deputy Treasurer	
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
SAYR.1eY	(41) 809615B RYEMANZIGVEL. J.N. N.
14. Mailing Address: 15. C	141 1809615B RYEMANZIGVEL. Z.N.N.C. ity: 16. State: 17. Zip Code: 3+232
	propriate box): 🛮 Primary Depository 🔲 Secondary Depository
19. Name of Bank: (20. Address:
	ounty: 23. State: 24. Zip Code:
SARAGOTA SA	RAGOTA F/ 34236
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.	
	26. Signature of Candidates
25. Date: 320/2024	X JOHN HUM
27. Treasurer's Acceptance of Appointment (fill in the branks and check the appropriate box)	
- 111 0 12 0 16	
I,(Please, Print or Type Name)	do hereby accept the appointment designated above as:
☐ Campaign Treasurer. ☐ Deputy Treasurer.	
== 1 1	29. Signature of Campaign Treasurer or Deputy Treasurer
28. Date: 3 20 27	X Ords file
DS-DE 9 (Rev. 09/23)	// // Rule 1S-2.0001, F.A.C.