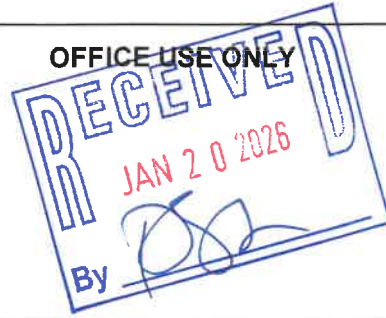


# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, Buzzy Skbr,  
candidate for the office of Cocncilman;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

Signature of Candidate

1-20-26

Date

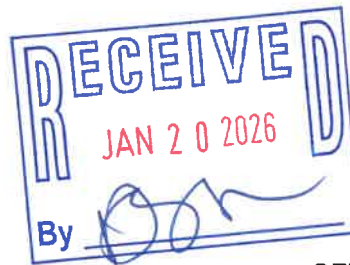
Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**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.



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):  
(Please Print or Type Name)

Buzzy Sklar

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

10275 Collins Ave 109  
Bal Harbour FL 33154

**4. Telephone:**

(305) 804-4640

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

(not required for qualifying purposes)

**6. Email Address:**

Buzzy@BuzzySklar.com

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

**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:**

Buzzy Sklar

**12. Telephone:**

(305) 804-4640

**13. Email Address:**

Buzzy@BuzzySklar.com

**14. Mailing Address:**

10275 Collins Ave 109

**15. City:**

Bal Harbour

**16. State:**

FL

**17. Zip Code:**

33154

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

**19. Name of Bank:**

City National Bank

**20. Address:**

475 41st St.

**21. City:**

Bal Harbour

**22. County:**

Miami-Dade

**23. State:**

FL

**24. Zip Code:**

33154

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:**

1-20-26

**26. Signature of Candidate:**

X [signature]

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

I, Buzzy Sklar do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

1-20-26

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

X [signature]