

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

25 FEB 7 PM 12:13

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)

Tyler Sirois

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



4. Telephone:



5. Candidate's Voter Registration #:

100822788

(not required for qualifying purposes)

6. Email Address:

tylersiroisfl@gmail.com

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

Brevard County Commissioner, District 2

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. ☒ Republican Party candidate.

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

☐ Campaign Treasurer

☒ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Robert I. Watkins

12. Telephone:

(813) 254-3369

13. Email Address:

rwatkins@robertwatkins.com

14. Mailing Address:

610 S. Boulevard

15. City:

Tampa

16. State:

FL

17. Zip Code:

33606

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

19. Name of Bank:

The Bank of Tampa

20. Address:

601 Bayshore Blvd.

21. City:

Tampa

22. County:

Hillsborough

23. State:

FL

24. Zip Code:

33606

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:

2/7/25

26. Signature of Candidate:

X

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

I, Robert I. Watkins do hereby accept the appointment designated above as:
(Please Print or Type Name)

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

2/5/2025

29. Signature of Campaign Treasurer or Deputy Treasurer

X