APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

RECEIVED

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MANATEE COUNTY SUPERVISOR OF ELECTIONS

NOTE: This form must be on file with the qualifying

| 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 Depository Page 1 | | | | | | | | | | | Party | | |
| 2. Name of Candidate (in | | 3. Address (include post office box or street, city, state, zip | | | | | | | | | | | |
| AMANDA BALLARD | | | | | | code) 5675 25th ST CIRCLE E | | | | | | | |
| 4. Telephone 5. E-mail address | | | | | BRADENTON, FL 34203 | | | | | | | | |
| (864) 992-9844 | amandabrookeballar@gmail. | | | | | | · · | | | | | | |
| 6. Office sought (include district, circuit, group number) | | | | | | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | | | | |
| MANATEE COUNTY COMMISSIONER DIST 2 | | | | | | applicable: My intent is to run as a Write-In candidate. | | | | | | | |
| 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a | | | | | | | | | | | | | |
| ☐ Write-In ☐ No Party Affiliation ☒ REPUBLICAN Party candidate. | | | | | | | | | | | | | |
| 9. I have appointed the following person to act as my | | | | | | | | | | | | | |
| 10. Name of Treasurer or Deputy Treasurer | | | | | | | | | | | | | |
| Eric Robinson | | | | | | | | | | | | | |
| 11. Mailing Address 12. Telephone | | | | | | | | | | | | | |
| 133 HARBOR DR S | (941) 488-7794 | | | | | | | | | | | | |
| 13. City | 14. County 15. Sta | | | ate | | | | | | | | | |
| VENICE | NICE SARASOTA FL | | | | | | 34285 eric@robinsongruters.com | | | | | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | | | | | | | | |
| 19. Name of Bank | | | | | 20. Address | | | | | | | | |
| SUNTRUST BANK | | | | | 1670 S. VENICE BYPASS | | | | | | | | |
| 21. City | 22. County | | | 23. State | | | | | 24. Zip Code | | | | |
| VENICE | CE SARASOTA | | | FL | | | | | 34293 | | | | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. | | | | | | | | | | | | | |
| 25. Date | . Signature of Candidate | | | | | | | | | | | | |
| 02 | 02/23/22 | | | | x l'almel | | | | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | | | | | | | | |
| ı, , do hereby accept the appointment | | | | | | | | | | | | | |
| (Please Print or Type Name) | | | | | | | | | | | | | |
| designated above as: Campaign Treasurer Deputy Treasurer. | | | | | | | | | | | | | |
| 2/28/22 X | | | | | | | | | | | | | |
| Dale Signature of Campaign Treasurer or Deputy Treasurer | | | | | | | | | | | | | |