

**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

2022 JUN 10 AM 11:00

FILED FOR RECORD
SARASOTA COUNTY

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 Office Party

2. Name of Candidate (in this order: First, Middle, Last)

JOHN STROTHER MILLER

3. Address (include post office box or street, city, state, zip code)

4344 CAMINO MADEIRA
SARASOTA, FL 34238

4. Telephone

(858) 218-4737

5. E-mail address

jackstrother1957@gmail.com

6. Office sought (include district, circuit, group number)

CHARTERED REVIEW BOARD
DISTRICT #4 (2-YEAR)

7. If a candidate for a nonpartisan office, check if 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 Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

JOHN S. MILLER (SELF)

11. Mailing Address

4344 CAMINO MADEIRA

12. Telephone

(858) 218-4737

13. City

SARASOTA

14. County

SARASOTA

15. State

FL

16. Zip Code

34238

17. E-mail address

jackstrother1957@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

NAVY FEDERAL CREDIT UNION

20. Address

P.O. BOX 3000

21. City

MERRIFIELD

22. County

FAIRFAX

23. State

VIRGINIA

24. Zip Code

22119

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

6-8-22

26. Signature of Candidate

X John S. Miller

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

I, JOHN STROTHER MILLER, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

6-8-22

Date

X John S. Miller

Signature of Campaign Treasurer or Deputy Treasurer