

**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 JUL -6 AM 11:30

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)

Joseph Stephen Chirillo

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

635 Palomino Trail  
Englewood, FL 34223

**4. Telephone**

(941) 468-1113

**5. E-mail address**

drjoechirillo@gmail.com

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

Sarasota Memorial Hospital board,  
southern district, seat #2

**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**

Joseph Stephen Chirillo

**11. Mailing Address** 635 Palomino Trail

**12. Telephone**

(941) 468-1113

**13. City**

Englewood

**14. County**

Sarasota

**15. State**

FL

**16. Zip Code**

34223

**17. E-mail address**

drjoechirillo@gmail.com

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

**19. Name of Bank**

TrustCo

**20. Address**

2930 S. McCall Road

**21. City**

Englewood

**22. County**

Charlotte

**23. State**

FL

**24. Zip Code**

34224

**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**

07-04-2022

**26. Signature of Candidate**

X 

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

I, Joseph Stephen Chirillo, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer.     Deputy Treasurer.

07-04-2022

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer