

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2022 JUN 29 PM 2: 27

FILED FOR RECORD
SARASOTA COUNTY

(PLEASE PRINT OR TYPE)

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)

PATRICIA MARIAIA

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

1425 Bayshore Dr.
Englewood Fl 34223

4. Telephone

(941) 806-8801

5. E-mail address

patricia-mariaia@yahoo.com

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

SMH Hospital Board
Southern District Seat 1

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

PATRICIA MARIAIA

11. Mailing Address

1425 Bayshore Drive

12. Telephone

941 806-8801

13. City

Englewood

14. County

Sarasota

15. State

FL

16. Zip Code

34223

17. E-mail address

Patricia-mariaia@yahoo.com

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

19. Name of Bank

Chase

20. Address

49.5 E State Road 24

21. City

Bradenton

22. County

Manatee

23. State

FL

24. Zip Code

34209

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

6/29/22

26. Signature of Candidate

Patricia Mariaia

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

I, PATRICIA MARIAIA, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

6/29/22
Date

Patricia Mariaia
Signature of Campaign Treasurer or Deputy Treasurer