

**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 17 AM 11:58

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)

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

JAE LANGSTON D. WILLIAMS

662 Cohen Way  
SARASOTA, FL 34236

**4. Telephone**

**5. E-mail address**

(941) 323-6469      Willi2521@gmail

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

**7. If a candidate for a nonpartisan office, check if applicable:**

SARASOTA COUNTY CHARTER REVIEW  
BOARD      District 2

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     Democratic      Party      candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Judith Williams

**11. Mailing Address**

**12. Telephone**

656 Cohen Way

(941) 323-6468

**13. City**

**14. County**

**15. State**

**16. Zip Code**

**17. E-mail address**

SARASOTA

SARASOTA

FL

34236

Judith Doyle Williams@gmail

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

**19. Name of Bank**

**20. Address**

Regions Bank

935 N. Beneva Rd Suite 210

**21. City**

**22. County**

**23. State**

**24. Zip Code**

Sarasota

Sarasota

FL

34232

**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**

**26. Signature of Candidate**

6/16/2022

X

Judith Williams

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

I, Judith Williams (Please Print or Type Name), do hereby accept the appointment

designated above as:     Campaign Treasurer.     Deputy Treasurer.

6/14/2022

X

Judith Williams

Date

Signature of Campaign Treasurer or Deputy Treasurer