

**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
2023 JAN -3 AM 10:32
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)
TERESA MAST

3. Address (include post office box or street, city, state, zip code)
133 Harbor Dr S
Venice, FL 34285

4. Telephone
(941) 488-7794

5. E-mail address

6. Office sought (include district, circuit, group number)
SARASOTA COUNTY COMMISSIONER DISTRICT 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
Eric Robinson

11. Mailing Address
133 HARBOR DR S

12. Telephone
(941) 488-7794

13. City
VENICE

14. County
SARASOTA

15. State
FL

16. Zip Code
34285

17. E-mail address
eric@robinsongruters.com

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

19. Name of Bank
TRUIST BANK

20. Address
1670 S. VENICE BYPASS

21. City
VENICE

22. County
SARASOTA

23. State
FL

24. Zip Code
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

1/2/23

26. Signature of Candidate

X *Teresa Mast*

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

I, Eric Robinson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1/2/23
Date

X *[Signature]*
Signature of Campaign Treasurer or Deputy Treasurer