

**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 JUL 19 PM 1:24

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)

Tom Knight

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

Post Office Box 1268  
Venice, Florida 34284

4. Telephone

( 267 ) 264-5737

5. E-mail address

knightfordistrict3@gmail.com

6. Office sought (include district, circuit, group number)  
Sarasota County Commission District 3

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

Noreen A Fenner

11. Mailing Address

1103 Hays Street

12. Telephone

( 850 ) 212-0226

13. City

Tallahassee

14. County

Leon

15. State

Florida

16. Zip Code

32301

17. E-mail address

noreen@pacfm.net

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

19. Name of Bank

Truist Bank

20. Address

2051 Thomasville Road

21. City

Tallahassee

22. County

Leon

23. State

Florida

24. Zip Code

32308

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

07-19-2023

26. Signature of Candidate

X 

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

I, Noreen A Fenner, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer.     Deputy Treasurer.

Date

7/17/23

X

Signature of Campaign Treasurer or Deputy Treasurer