## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the filing officer before opening the campaign account.

SUPERVISOR OF ELECTIONS SARASOTA COUNTY FLORIDA

2024 JAN 19 PH 12: 43

FILED FOR RECORD SARASOTA COUNDFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):	opening the campaign account.					
■ Initial Filing of Form ☐ Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party						
Name of Candidate (in this order: First, Middle, Last):     (Please Print or Type Name)		3. Address (include PO Box or Street, City, State, Zip Code)				
Sharon Wetzler DePeters		133 Harbor Dr S				
Sharon Welzier Der eters		Venice, FL 34285				
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:						
(941 ) 488-7794 100236136 (not required for quality)	eric@robinsongruters.com					
7. Office Sought (include district, circuit, group, or seat #):  8. If a candidate for a nonpartisan office, check the box						
Hospital Board At - Large Seat 1 if applicable:						
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a						
☐ Write-In Candidate. ☐ No Party Affiliation Candidate.						
10. I have appointed the following person to act as my:   Campaign Treasurer  Deputy Treasurer						
11. Name of Treasurer or Deputy Treasurer:		12. Telephone:		13. Email Address:		
Eric Robinson (941			4	eric@rob	insongruters.com	
14. Mailing Address:	15. Cit	•	16. St	late:	17. Zip Code:	
133 Harbor Dr S	Venic	e	FL		34285	
18. I have designated the following bank as my (check appropriate box): I Primary Depository Secondary Depository						
19. Name of Bank:	20. Address:					
Truist	1670 S venice Byp   22. County:   23				24. Zip Code:	
21. City:	Saras	-	23. S		34293	
Venice				OD THE ADD		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.						
.1.212.4	26. Signature of Candidate:					
25. Date: 1834 X XNAM WAGN WERLIN					WRUU	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)						
Eric Robinsondo hereby accept the appointment designated above as:						
(Please Print or Type Name)						
☐ Campaign Treasurer. ☐ Deputy Treasurer.						
29 Data: 1 1		T	/ampaig	jn i reasurer Z	or Deputy Treasurer	
28. Date:		X ~1				
DS-DE 9 (Eff. 10/23) Rule 1S-2.001, F.A.C.						