

**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

2024 APR 11 AM 9: 58

FILED FOR RECORD
SARASOTA COUNTY OFFICE USE ONLY

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

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):
(Please Print or Type Name)

THOMAS F. DeSANE

3. Address (include PO Box or Street, City, State, Zip Code):

Address Protected

4. Telephone:

(631) 335-1076

5. Candidate's Voter Registration #:

123689443
(not required for qualifying purposes)

6. Email Address:

ONEMORETOM@YAHOO.COM

7. Office Sought (include district, circuit, group, or seat #):

SARASOTA COUNTY CHARTER REVIEW BOARD
DISTRICT 3

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

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. REPUBLICAN Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

THOMAS F. DeSANE

12. Telephone:

(631) 335-1076

13. Email Address:

ONEMORETOM@YAHOO.COM

14. Mailing Address:

[Redacted]

15. City:

[Redacted]

16. State:

[Redacted]

17. Zip Code:

[Redacted]

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank: SEACOAST BANK

20. Address: 735 EAST VENICE AVENUE

21. City: VENICE

22. County: SARASOTA

23. State: FL

24. Zip Code: 34285

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.

25. Date: 4/11/24

26. Signature of Candidate:
X Thomas F. DeSane

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

I, THOMAS F. DeSANE
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer. Deputy Treasurer.

28. Date: 4/11/24

29. Signature of Campaign Treasurer or Deputy Treasurer:
X Thomas F. DeSane