

**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 19 PM 12: 51

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 ANDREW BABICZ

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

PO BOX 2111  
Venice FL 34284

**4. Telephone:**

(201) 213-5448

**5. Candidate's Voter Registration #:**

127289786

(not required for qualifying purposes)

**6. Email Address:**

thomasedisonnj@gmail.com

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

SARASOTA COUNTY SCHOOL 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.  \_\_\_\_\_ Party candidate.

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

**11. Name of Treasurer or Deputy Treasurer:**

MADONNA K. SULLIVAN

**12. Telephone:**

(941) 400-0046

**13. Email Address:**

madonnaksulli@gmail.com

**14. Mailing Address:**

3985 MacEachen Blvd, #212

**15. City:**

SARASOTA

**16. State:**

FL

**17. Zip Code:**

34233

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

**19. Name of Bank:**

CREWS BANK and TRUST

**20. Address:**

207 S. Tamiami TR.

**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:** 4/15/24

**26. Signature of Candidate:**

X 

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

I, Madonna K. Sullivan do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 4/16/24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X Madonna K Sullivan