

**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 FEB 23 AM 11:36

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

FILED FOR RECORD OFFICE USE ONLY
SARASOTA COUNTY

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)

Tanya Marie Parus

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

1216 Sleepy Hollow Rd.
Venice, FL 34285

4. Telephone:

(941) 265-1776

5. Candidate's Voter Registration #:

127915679
(not required for qualifying purposes)

6. Email Address:

tparus321@gmail.com

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

HOSPITAL BOARD CENTRAL DISTRICT, SEAT 1

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:

Cynthia Schrock

12. Telephone:

(941) 374-3287 cjoyful1@gmail.com

13. Email Address:

14. Mailing Address:

2304 Midnight Pearl Dr.

15. City:

Sarasota

16. State:

FL

17. Zip Code:

34240

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

19. Name of Bank:

Fifth Third Bank

20. Address:

2035 Cattlemen Rd.

21. City:

Sarasota

22. County:

Sarasota

23. State:

FL

24. Zip Code:

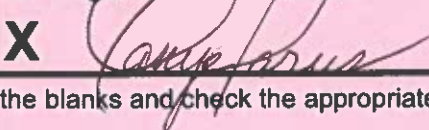
34232

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:

2/22/2024

26. Signature of Candidate:

X 

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

I, Cynthia Schrock
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

2-22-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 