

**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 MAR 15 PM 2:26

FILED FOR RECORD OFFICE USE ONLY  
SARASOTA COUNTY

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)

Sharon K Thornton

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

Shari for Sarasota  
PO Box 1266  
Venice, FL 34284

**4. Telephone:**

(941) 318-2043

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

128014872  
(not required for qualifying purposes)

**6. Email Address:**

Shari@Shari4Sarasota.com

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

County Commission, 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:**

Sharon Thornton

**12. Telephone:**

(941) 318-2043

**13. Email Address:**

Shari4Sarasota.com

**14. Mailing Address:**

PO Box 1266

**15. City:**

Venice

**16. State:**

FL

**17. Zip Code:**

34284

**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:**

1641 Jacaranda Blvd

**21. City:**

Venice

**22. County:**

Sarasota

**23. State:**

FL

**24. Zip Code:**

34293

**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:**

3/15/24

**26. Signature of Candidate:**

X Sharon Kay Thornton

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

I, Sharon Thornton  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

3/15/24

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

X Sharon Kay Thornton