## APPOINTMENT OF CAMPAIGN TREASURER <br> 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.

SUPEREGO: OR ELECTIONS SARASOTAEGUNYFLORIOA 2024 FAR R-7 AII 9:23

FULEDFINRECORD
SARASOTA COUSIFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
$\boxtimes$ Initial Filing of Form $\square$ Re-fling to Change: $\square$ Treasurer/Deputy $\quad \square$ Depository $\square$ office $\square$ Party
2. Name of Candidate (in this order: First, Middle, Last): $\quad$ 3. Address (include PO Box or Street, City, State, Zip Code):

$$
\text { TAMES } \stackrel{\text { (Please Print or Type Name) }}{\text { NELSON } C O L E R}
$$

20671 OVID LANE VENICE, FL 34293
4. Telephone:
(585)733-5686
5. Candidate's Voter Registration \#:

130983655
(not required for qualifying purposes)
6. Email Address:

Jimcoleroyaroo com
7. Office Sought (include district, circuit, group, or seat \#): CHARTER REVIEW BOARD DISTRICT 3
8. If a candidate for a nonpartisan office, check the box if applicable:
$\square I$ 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 $\square$ Write-In Candidate. $\square$ 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:
james nelson coler 14. Mailing Address:

20671 OVID CANE
15. City: VENICE
12. Telephone: (585)733-5686 jim coler@yA too com
18. I have designated the following bank as my (check appropriate box): Primary Depository $\square$ Secondary Depository
19. Name of Bank:
20. Address:

SUNCOAST CREDIT UNION PRO. BOX 11904
21. City:
tampa

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\begin{aligned}
& \text { 22. County: } \\
& \text { HILLSBOROVGH }
\end{aligned}
$$

23. State:
fl
24. Zip Code:

33680

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.
26. Signature of Candidate:
25. Date: $3-7-24$

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)
$\qquad$
(Please Print or Type Name)
Campaign Treasurer.
28. Date:

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3-7-24
$$

DS-DE 9 (Rev. 09/23)
do hereby accept the appointment designated above as:Deputy Treasurer.


