

**APPOINTMENT OF CAMPAIGN TREASURER
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.

SUPERVISOR OF ELECTIONS
SARASOTA COUNTY FLORIDA

2024 MAR 13 AM 10:16

FILED FOR RECORD
SARASOTA COUNTY OFFICE USE ONLY

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)

ELAINE A. MILLER

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

705 LEWIS STREET
ENGLEWOOD, FL
34223

4. Telephone:

(941) 889874

5. Candidate's Voter Registration #:

102668158

(not required for qualifying purposes)

6. Email Address:

ELAINE@SUNCOAST-ARCHITECT.COM

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

CHARTER REVIEW BOARD DISTRICT 5

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:

MYSELF, ELAINE A. MILLER

12. Telephone:

(941) 889 8794

13. Email Address:

ELAINE@SUNCOAST-
ARCHITECT.COM

14. Mailing Address:

705 LEWIS STREET, ENGLEWOOD FL 34223

15. City:

ENGLEWOOD

16. State:

FLORIDA

17. Zip Code:

34223

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:

1111 S. McCALL ROAD

21. City:

ENGLEWOOD

22. County:

SARASOTA

23. State:

FLORIDA

24. Zip Code:

34223

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:

MARCH 8, 2024

26. Signature of Candidate:



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

ELAINE A. MILLER

I, _____ do hereby accept the appointment designated above as:
(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

MARCH 8, 2024

29. Signature of Campaign Treasurer or Deputy Treasurer

