

**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 14 PM 12:36

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

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)

MARY FLYNN O'NEILL

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

3191 Traverse Ave.  
North Port, FL 34286

**4. Telephone:**

(401) 439-8057

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

129549486  
(not required for qualifying purposes)

**6. Email Address:**

maryfly056@gmail.com

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

Hospital Board at Large #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.     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

**13. Email Address:**

cjoyful1@gmail.com

**14. Mailing Address:**

2304 Midnight Pearl Drive

**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:**

FL, 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:**

3-14-2024

**26. Signature of Candidate:**

X Mary F. O'Neill

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

I, Cynthia Schrock do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

3-14-2024

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

X Cynthia Schrock