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 SARASOT COUNTY FLORIDA

2024 HAR 28 AM 11: 57

FILED FOR RECORD OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository Office 2. Name of Candidate (in this order: First, Middle, Last): 3. Address (include PO Box or Street, City, State, Zip Code): (Please Print or Type Name) Samsola, + scguffantiagmul. com 5. Candidate's Voter Registration #: (not required for qualifying purposes) 7. Office Sought (include district, circuit, group, or seat #): 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 <u>partisan</u> office, check the box and fill in the mame of the party as applicable: I intend to run as a LDICAN ■ No Party Affiliation Candidate. Write-In Candidate. Party candidate. 10. I have appointed the following person to act as my: Deputy Treasurer 11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address: 19411 374-3287 redoy. 104@ yaho. 14. Mailing Address: 15. City: 18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository 19. Name of Bank: 20. Address: 21. City: 22. County: Darasot arasc UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE 26. Signature of Candidate: 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box) do hereby accept the appointment designated above as: Campaign Treasurer. Deputy Treasurer. 29. Signature of Campaign Treasurer or Deputy Treasurer 3-27-2024 DS-DE 9 (Rev. 09/23) Rule 1S-2.0001, F.A.C.