

**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 APR 11 PM 12:39

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)

Kendra Becker-Musante

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

7120 Myakka Valley Trl
Sarasota, FL 34241

4. Telephone:

(888) 885-8582

5. Candidate's Voter Registration #:

129370476

(not required for qualifying purposes)

6. Email Address:

drkendra.becker@gmail.com

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

Hosp Board SEAT 2 at large

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 Dr

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

20. Address:

2035 Cattlemen Rd

21. City:

Sarasota

22. County:

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:

4/11/24

26. Signature of Candidate:

X 

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

I, Cynthia Schrock

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

4-11-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Cynthia Schrock