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 qualifying officer before opening the campaign account.

SUPERVISOR OF ELECTIONS SARASOTA COUNTY FLORIDA

2021 APR 23 AM 8: 47

FILED FOR RECORD SARASOTA COUNTY

OFFICE USE ONLY

Rule 1S-2.0001, F.A.C.

20		Military Company		_		10.00					20/	100
1. CHECK APPROPRIATE BOX(ES):												
												Party
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip												zip
Joseph Neunder		code) 8065 Beneva Road										
4. Telephone	ail address		Suite 1									
(941) 914-5362	<u>'</u>					Sarasota, Florida 34238						
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check											k if	
Sarasota County Comn		applicable:										
My intent is to run as a Write-In candidate.												
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a												
Write-In No Party Affiliation Republican Party candidate.												
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer												
Noreen A Fenner												
11. Mailing Address		12. Telephone										
1103 Hays Street (850) 212-0226											226	
13. City	City 14. County				16. Z	Zip Code	ode 17. E-mail address					
Tallahassee	1	Florida 32301 noreen@pacfm.net										
18. I have designated the following bank as my Primary Depository Secondary Depository												
19. Name of Bank	20. Address											
SunTrust Bank	3522 Thomasville Road											
21. City	,					23. State				24. Zip (Code	
Tallahassee	ahassee Leon			Florida						32309		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.												
25. Date 26. Signature of Candidate												V-
4-23-21					X broff feet							
27. Treasure	r's Acce	eptance of Appo	intmen	t (fill	in the bl	lanks and	chec	ck the a	appropriat	te block)		
Noroon A Fornor												
, do hereby accept the appointment (Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
4/21/21 X												
Date Signature of Campaign Treasurer or Deputy Treasurer												
Signature of Campaign Treasurer or Deputy Treasurer												