## **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

SUPERVISOR OF ELECTIONS SARASOTA COUNTY FLORIDA

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FILED FOR RECORD SARASOTA COUNTY

oπicer perore opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	er/Deputy Depository Office Party
	Address (include post office box or street, city, state, zip  de)  1435 By Sugge Daive  Excrewed, FC 3423
6. Office sought (include district, circuit, group number)  Suon Born Pressure 5	7. If a candidate for a nonpartisan office, check if 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 Party candidate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer  I'm Karusman - Inches The Market Territorial - French Treasurer	
11. Mailing Address  12. Telephone  (13. City  15. State  16. Zip Code  17. Empil address	
13. City 15. State 16. Zip Code 17. E-mail address  ENERGY STO FL 3423 KIMKAUHOMES COMMIL. COM	
18. I have designated the following bank as my Primary Depository Secondary Depository	
BANK OF Amonica 21	FO S TAM: AM 1   RAL   24. Zip Code
21. City 22. County SANSOFA	23. State 24. Zip Code 34253
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. Si	gnature of Candidate
6/1/21 X/	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
, do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
6(c/2 × From Brussen and)	
1. 10.11	ure of Campaign Treasurer or Deputy Treasurer