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

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FILED FOR RECORD SARASOTA COUNTY

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change: T	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip
Robyn A. Marinelli	code) PO BOX 5980
4. Telephone 5. E-mail address	Sarasota, FL 34377
(941) 737-5540 robynsjeep e yahoo.com	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
School Board, District 4	applicable: My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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	
Robyn A. Marinelli 11. Mailing Address 12. Tolonbono	
12. Telephone	
13. City 14. County 15. State 16. Zip Code 17. E mail address	
13. City 14. County 15. Sta Sarasota FL	te 16. Zip Code 17. E-mail address 342 robynsjeep e yahoo. Com
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 20. Address	
Bank of America 3600 Bee Ridge Road	
21. City 22. County	23. State 24. Zip Code
Sarasota Sarasota	FL 34233
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
9/1/2021	x Lolyn a. Marinelli
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
I, Lolyna. Manualla Bobyn A. Marinelli, do hereby accept the appointment (Please Print or Type Name)	
designated above as: Campaign Treasurer Deputy Treasurer.	
6/1/2021 X Volum a. Mannich.	
Date	Signature of Campaign Freasurer or Deputy Treasurer