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

2022 JAN 27 AM 11: 18

FILED FOR RECORD SARASOTA COUNTY

officer before opening the campaign account.					OFFICE USE ONLY						
1. CHECK APPROPRIATE Initial Filing of Form	,	S): e-filing to Cha	ange: [Trea	asurer/	Deputy	Depository	, _П	Office		Party
2. Name of Candidate (in					,		de post office			state,	
TIMOTHY ENOS				"	code) 133 HARBOR DR S						
4. Telephone	4. Telephone 5. E-mail address					ICE, FL 34					
(941) 488-7794											
6. Office sought (include of	district, ci	rcuit, group r	number	r)			didate for a <u>n</u>	<u>ıonparti</u>	san office	, chec	k if
SARASOTA COUNTY	D DIST	TRICT !	T 5 applicable: My intent is to run as a Write-In candid					idate.			
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 Affil	iliation [<u></u>					Par	rty cand	didate.	
9. I have appointed the following person to act as my											
10. Name of Treasurer or Deputy Treasurer ERIC ROBINSON											
11. Mailing Address			1	12. Telep	hone						
133 HARBOR DR S				(941)	488-779	94				
13. City	, ,			15. State	- 1	. Zip Code	17. E-mail a				
VENICE	VENICE SARASOTA			L	34:	285	eric@robir	ısongrı	uters.con	n	
18. I have designated the	followin	ig bank as n	ny	\boxtimes		ary Depositor	y 🗆 S	Secondar	ry Deposito	ory	
19. Name of Bank					O. Addr						
SUNTRUST BANK				16	70 S.	VENICE E	BYPASS	1			
21. City VENICE		22. County SARASO	•			23. State			24. Zip Co 34293	ode	
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 ARE TRUE.											
25. Date	GIANIE.	OF OPARIS 224				ature of Cap		<u> </u>			
1/26/2022 X											
27. Treasure	er's Acce	∍ptance of A	Appoint	tment (fil	l in the	blanks and	check the ap	propriate	e block)		
l,			, do hereb	y accept	t the appoi	intmenf	t				
(Please Print or Type Name)											
designated above as:	\boxtimes	Campai	gn Trea	asurer		Deputy Trea	asurer.				
1/26/202	2_		X		L				0.08.0.0		
Date				Sic	nature	of Campair	n Treasurer o	or Deput	v Treasure	AF	-0.7