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

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): M Initial Filing of Form Re-filing to Change: Treasurer/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 Bailey 4. Telephone Sarasota, Florisa 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if Board of County Commissioners applicable: My intent is to run as a Write-In candidate. District 2 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 No Party Affiliation Write-In Party candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer __ TNO DEW 11. Mailing Address 12. Telephone 15 piley (s.40)

14. County

Sarasofa

15. State

16. Zip Code

17. E-mail address

34277 13. City 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 240 N WAShington Flud Fir 01 22. County 21. City 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 Signature of Candidate. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment designated above as: Campaign Treasurer Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer