

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

Recvd 2020FEB04AM11:07

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

Mary S Bolla

**3. Address (include post office box or street, city, state, zip code)**

**Protected**

**4. Telephone**

(904 ) 276-4860

**5. E-mail address**

mbolla@bellsouth.net

**6. Office sought (include district, circuit, group number)**

Clay County School Board District 4

**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**

Lynne Neely

**11. Mailing Address**

712 Red Cedar Ct.

**12. Telephone**

( 904 ) 738-7131

**13. City**

Orange Park

**14. County**

Clay

**15. State**

FL

**16. Zip Code**

32073

**17. E-mail address**

squeakytalk@yahoo.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

Ameris Bank

**20. Address**

485 Blanding Blvd.

**21. City**

Orange Park

**22. County**

Clay

**23. State**

FL

**24. Zip Code**

32073

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**

01 / 30 / 2020

**26. Signature of Candidate**

*X Mary S Bolla*

**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, Lynne Neely, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

1/30/20  
Date

*X Lynne Neely*  
Signature of Campaign Treasurer or Deputy Treasurer