

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.

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)      3. Address (include post office box or street, city, state, zip code)  
Belinda Louise Johnson      1483 Floyd Johns Rd.  
Jacksonville, FL 32234

4. Telephone      5. E-mail address  
(904) 591-3367      johnson.belinda55@gmail.com

6. Office sought (include district, circuit, group number)      7. If a candidate for a nonpartisan office, check if applicable:  
County Commissioner / District 4       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     Republican Party candidate.

9. I have appointed the following person to act as my     Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer  
Amanda Johnson

11. Mailing Address      12. Telephone  
308 Ocean Forest Dr.      (904) 874-9539

13. City      14. County      15. State      16. Zip Code      17. E-mail address  
St. Augustine      St Johns      FL      32080      amanda.johnson2007@gmail.com

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

19. Name of Bank      20. Address  
Wells Fargo      2465 Blanding Blvd.

21. City      22. County      23. State      24. Zip Code  
Middleburg      Clay      FL      32068

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  
4/20/2020      X Belinda L. Johnson

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  
I, Amanda Johnson, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.  
4/20/2020      X Amanda Johnson  
Date      Signature of Campaign Treasurer or Deputy Treasurer