

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

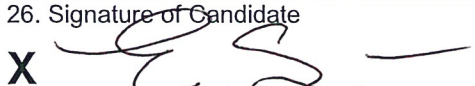
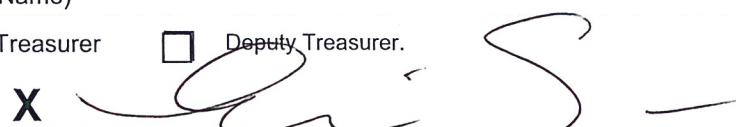
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

Recvd 2022FEB16PM12:43

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input checked="" type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party						
2. Name of Candidate (in this order: First, Middle, Last) Erin Leigh Skipper			3. Address (include post office box or street, city, state, zip code) 4753 Raggedy Point Rd Fleming Island FL 32003			
4. Telephone (904) 704-5536		5. E-mail address ErinSkipper@att.net				
6. Office sought (include district, circuit, group number) School Board District 1				7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> 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 <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.						
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer						
10. Name of Treasurer or Deputy Treasurer Erin Skipper						
11. Mailing Address 4753 Raggedy Point Rd					12. Telephone (904) 704-5536	
13. City Fleming Island		14. County Clay	15. State FL	16. Zip Code 32003	17. E-mail address ErinSkipper@att.net	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository						
19. Name of Bank Navy Federal Credit Union			20. Address 1826 Town Center Blvd			
21. City Fleming Island		22. County Clay		23. State FL		24. Zip Code 32003
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 2.16.22			26. Signature of Candidate <input checked="" type="checkbox"/> 			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)						
I, <u>Erin Skipper</u> , do hereby accept the appointment (Please Print or Type Name)						
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.						
<u>2.16.22</u> Date			<input checked="" type="checkbox"/>  Signature of Campaign Treasurer or Deputy Treasurer			