## 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.

RECEIVED

MAY 0 9 2018

DUVAL COUNTY ELEC.
By——BB——

officer before opening the	unt.					OFFICE	<u> : USE</u>	ONLY		
1. CHECK APPROPRIATE  Initial Filing of Form	BOX(ES): Re-filing to C	hange: Tre	easurer/[	Deputy [	<b>]</b> Depository		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)				3. Address (include post office box or street, city, state, zip						
Elizabeth Ann Koning Andersen				code) 4435 Deep River Way E						
4. Telephone 5. E-mail address				sonville FL	322224					
(904 ) 806-1197	Lizforduvalschoolt	xoard & gmail.com	n							
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if						
School Board, District 2				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	<u> </u>				Paı	rty cand	didate.		
9. I have appointed the following person to act as my X Campaign Treasurer Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer										
Elizabeth Andersen										
11. Mailing Address		12. Telephone								
4435 Deep Rive Way E		( 904 ) 806-1197								
13. City	14. County	15. State	e 16.	. Zip Code 17. E-mail address						
Jacksonville	Duval	FL	32224 lizforduvalscho			chool	ooard@g	ımail.	com	
18. I have designated the following bank as my										
19. Name of Bank		. Address								
Community First Credit	3808 Beach Blvd									
21. City	22. Cour	nty		23. State			24. Zip C	ode	_	
Jacksonville	Duval			FL			32224			
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										
25. Date  26. Signature of Candidate  X Elizablih Challish										
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I,, do hereby accept the appointment										
(Please Print or Type Name)										
designated above as:   Campaign Treasurer Deputy Treasurer.										
5/9/2018 X Elizablik andura										
	_ <b>^</b>	Signature	of Campair	n Transurar c	T Donu	ty Troopyr				