

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

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

(PLEASE PRINT OR TYPE)

INDIAN RIVER COUNTY
SUPERVISOR OF ELECTIONS

2020 JAN -8 PM 4:24

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)

PEGGY HEENAN JONES

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

1565 56th Court
Vero Beach, FL 32966

4. Telephone

(772) 562-3398

5. E-mail address

info@peggyjonesforschoolboard.com

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

SCHOOL BOARD OF INDIAN RIVER COUNTY
DISTRICT 3

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

MARIA CRAWFORD

11. Mailing Address

P.O. Box 650403

12. Telephone

772-633-1269

13. City

Vero Beach

14. County

Indian River

15. State

Florida

16. Zip Code

32965

17. E-mail address

Treasurecoastmd@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

BANK OF AMERICA

20. Address

5780 20th Street

21. City

Vero Beach

22. County

Indian River

23. State

Florida

24. Zip Code

32966

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

1-8-20

26. Signature of Candidate

X

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

MARIA CRAWFORD

I, _____, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer.

1-8-20

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

INDIAN RIVER COUNTY
SUPERVISOR OF ELECTIONS

2020 JAN -8 PM 4:24

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)
PEGGY HEENAN JONES

3. Address (include post office box or street, city, state, zip code)
1565 56th Court
Vero Beach, FL 32966

4. Telephone
(772) 562-3398

5. E-mail address
info@peggyjonesforschoolboard.com

6. Office sought (include district, circuit, group number)
SCHOOL BOARD OF INDIAN RIVER COUNTY
DISTRICT 3

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
PEGGY JONES

11. Mailing Address
1565 56th Court

12. Telephone
(772) 562-3398

13. City
Vero Beach

14. County
Indian River

15. State
Florida

16. Zip Code
32966

17. E-mail address
info@peggyjonesforschoolboard.com

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

19. Name of Bank
BANK OF AMERICA

20. Address
5780 20th Street

21. City
Vero Beach

22. County
Indian River

23. State
Florida

24. Zip Code
32966

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
1-8-20

26. Signature of Candidate
X

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.

1-8-20

X

Date

Signature of _____ Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

INDIAN RIVER COUNTY
SUPERVISOR OF ELECTIONS

2020 JAN -8 PM 4:24

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)

PEGGY HEENAN JONES

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

1565 56th Court
Vero Beach, FL 32966

4. Telephone

(772) 562-3398

5. E-mail address

info@peggyjonesforschoolboard.com

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

SCHOOL BOARD OF INDIAN RIVER COUNTY
DISTRICT 3

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

ELLIOTT JONES

11. Mailing Address

1565 56th Court

12. Telephone

772-563-8441

13. City

Vero Beach

14. County

Indian River

15. State

Florida

16. Zip Code

32966

17. E-mail address

ecamper@flbb.net

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

19. Name of Bank

BANK OF AMERICA

20. Address

5780 20th Street

21. City

Vero Beach

22. County

Indian River

23. State

Florida

24. Zip Code

32966

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

JAN. 8, 2020

26

X

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

I, ELLIOTT JONES, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer

Deputy Treasurer.

JAN 8, 2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer