

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2018 NOV -9 AM 9:12

ST. JOHNS COUNTY VICKY OAKES

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)

JoAnn Leisten

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

5040 Avenue B  
St Augustine, FL 32095

4. Telephone

(352) 299-5930

5. E-mail address

JoAnn.Leisten2015@gmail.com

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

School Board District 5

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

JoAnn Leisten

11. Mailing Address

5040 Avenue B

12. Telephone

(352) 299-5930

13. City

St Augustine

14. County

St John's

15. State

FL

16. Zip Code

32095

17. E-mail address

JoAnn.Leisten2015@gmail.com

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

19. Name of Bank

Wells Fargo

20. Address

1919 U.S. 1 S

21. City

St Augustine

22. County

St John's

23. State

FL

24. Zip Code

32086

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

11/09/18

26. Signature of Candidate

X JoAnn Leisten

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

I, JoAnn Leisten, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

11/09/18  
Date

X JoAnn Leisten  
Signature of Campaign Treasurer or Deputy Treasurer