

**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.**

SUPERVISOR  
OF ELECTIONS

2019 JAN 10 PM 1:04

ST. JOHNS COUNTY  
VICKY OAKES

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)

Jo Ann Leisten

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

5040 Ave B  
St Augustine, FL 32095

**4. Telephone** <sup>352-299-5930</sup> **E-mail address**

(904) 862-5785    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**

Jo Ann Leisten

**11. Mailing Address**

5040 Ave B

**12. Telephone**

352-299-5930  
(904) 862-5785

**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 US 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**

01/10/19

**26. Signature of Candidate**

X Jo Ann 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.

01/10/19

Date

X Jo Ann Leisten

Signature of Campaign Treasurer or Deputy Treasurer