

**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

2020 JAN 10 PM 3:18

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)

ED SLAVIN

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

Box 3084  
St. Augustine FL 32085

**4. Telephone**

[REDACTED]

**5. E-mail address**

edforstjohnscounty@gmail.com

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

Supervisor of Elections

**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     DEMOCRATIC Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Self ED SLAVIN

**11. Mailing Address**

Box 3084

**12. Telephone**

[REDACTED]

**13. City**

St. Augustine

**14. County**

St. Johns

**15. State**

FL

**16. Zip Code**

32085

**17. E-mail address**

edforstjohnscounty@gmail.com

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

**19. Name of Bank**

WELLS FARGO

**20. Address**

33 King Street

**21. City**

St. Augustine

**22. County**

St. Johns

**23. State**

FL

**24. Zip Code**

32084

**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**

1/10/2020

**26. Signature of Candidate**

X [Signature]

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

I, [Signature], do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer

1/10/2020

X

[Signature]

Date

Signature of Campaign Treasurer or Deputy Treasurer