

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR
OF ELECTIONS
2020 FEB 24 PM 1:13

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)

Nick Graham

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

1020 W Aiken St.
SAINT Augustine, FL 32084

4. Telephone

(904) 315-2805

5. E-mail address

nick@lilicland.com

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

School Board district 2

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

Nick Graham

11. Mailing Address

1020 W Aiken St

12. Telephone

(904) 315-2805

13. City

Saint Augustine

14. County

St. Johns

15. State

FL

16. Zip Code

32084

17. E-mail address

nick@lilicland.com

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

19. Name of Bank

Community First

20. Address

3581 N Ponce De Leon Blvd

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

02-24-20

26. Signature of Candidate

X 


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

I, Nick Graham, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

02-24-20

Date

X 
Signature of Campaign Treasurer or Deputy Treasurer