

**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 APR 13 PM 2:56

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)
Nick Graham

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

4. Telephone
(904)315-2805

5. E-mail address
vote@nickgraham.us

1020 W Aiken St.
Saint Augustine, FL 32084
St. Saint Augustine, FL 32084

6. Office sought (include district, circuit, group number)
St. Johns County 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
vote@nickgraham.us

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

19. Name of Bank
BBVA

20. Address
155 Corridor Rd.

21. City
Ponte Vedra Beach


22. County
St. Johns

23. State
FL

24. Zip Code
32082

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
03/29/2020

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.

03/29/2020
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer