

**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 25 AM 10:11

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)  
JOE McANARNEY

3. Address (include post office box or street, city, state, zip code)  
1005 BLACKBERRY LN  
ST. JOHNS FL  
32259

4. Telephone: (904) 230-6563  
5. E-mail address: electjoemack@gmail.com

6. Office sought (include district, circuit, group number)  
COUNTY COMMISSIONER,  
DISTRICT 1

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  
Linda Foote

11. Mailing Address  
820 E Tennessee Trace

12. Telephone  
(904) 318-2715

13. City  
St. Johns

14. County  
St. Johns

15. State  
FL

16. Zip Code  
32259

17. E-mail address  
Linda Foote 914@gmail.com

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

19. Name of Bank  
VISTA CREDIT UNION

20. Address  
3654 N PONCE DE LEON

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  
FEBRUARY 25, 2020

26. Signature of Candidate  
X [Signature]

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

I, Linda Foote, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

2/25/2020  
Date

X [Signature]  
Signature of Campaign Treasurer or Deputy Treasurer