

**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 JUL -6 AM 10:37

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)

Gina LeBlanc

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

P.O. Box 2
EIKTON, FL 32033

4. Telephone

(904) 1692-4424

5. E-mail address

ginaleblanc492@yahoo.com

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

Anastasia Mosquito Control
seat 3

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

Gina LeBlanc

11. Mailing Address

P.O. Box 2

12. Telephone

(904) 1692-4424

13. City

EIKTON

14. County

St. John's

15. State

FL

16. Zip Code

32033

17. E-mail address

ginaleblanc492@yahoo.com

18. I have designated the following bank as my

☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

vystar credit union

20. Address

165 FL-312

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

7/6/20

26. Signature of Candidate

X Gina LeBlanc

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

I, Gina LeBlanc, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

7/6/20

Date

X

Gina LeBlanc

Signature of Campaign Treasurer or Deputy Treasurer