

**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 MAY 29 PM 1:55

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)

Leanna Freeman

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

207 S. Matanzas Blvd.  
St. Augustine FL  
32080

4. Telephone

(904) 829-1960

5. E-mail address

relectleanna@icloud.com

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

City Commission Seat 2, City of St. Augustine

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

Christine Wilson

11. Mailing Address

255 West King Street

12. Telephone

(904) 829-1960

13. City

St. Augustine

14. County

St. Johns

15. State

FL

16. Zip Code

32084

17. E-mail address

legal@freemanlawllc.com

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

19. Name of Bank

Center State Bank

20. Address

900 - SR 16

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

5/29/20

26. Signature of Candidate

X

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

I, Christine Wilson, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

5/29/2020

Date

X Christine Wilson

Signature of Campaign Treasurer or Deputy Treasurer