

**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 JUN -9 AM 9:33

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)

Jane West

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

660 Sun Down Cir.  
St. Augustine, FL 32080

**4. Telephone**

(904) 1671-4008

**5. E-mail address**

janewestlaw@gmail.com

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

Seat 2  
St. Augustine Port, Waterways & Beaches

**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**

Aubrey Mulligan

**11. Mailing Address**

663 Sun Down Cir, St Aug

**12. Telephone**

(904) 1687-7694

**13. City**

St. Augustine

**14. County**

St. Johns

**15. State**

FL

**16. Zip Code**

32080

**17. E-mail address**

mulligansx5@gmail.com

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

**19. Name of Bank**

Vystar Bank

**20. Address**

3970 AIA South

**21. City**

St. Augustine

**22. County**

St. Johns

**23. State**

FL

**24. Zip Code**

32080

**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**

June 9, 2020

**26. Signature of Candidate**

X

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

I, AUBREY MULLIGAN, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6-9-2020

Date

X

Signature of Campaign Treasurer or Deputy Treasurer