

**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 JUN -4 PM 4: 21

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)

Wade McGregor Ross

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

15 Pacific St. St. Augustine
32084

4. Telephone

(321) 698-2198

5. E-mail address

wademross1970@gmail.com

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

COSA Commissioner Seat 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 _____ Party candidate.

9. I have appointed the following person to act as my

Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Wade M. Ross

11. Mailing Address

15 Pacific St.

12. Telephone

(321) 698-2198

13. City

St. Augustine

14. County

St. Johns

15. State

FL

16. Zip Code

32084

17. E-mail address

wademross1970@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Veststar

20. Address

3659 N. Ponce De Leon Blvd.

21. City

St. Augustine

22. County

St. Johns

23. State

FL

24. Zip Code

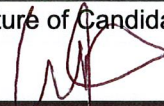
32084

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

6.4.2020

26. Signature of Candidate

X 

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

I, Wade M. Ross, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6.4.2020

X 

Date

Signature of Campaign Treasurer or Deputy Treasurer