

SUPERVISOR
OF ELECTIONS

2020 JUN -5 AM 10: 04

ST JOHNS COUNTY
VICKY OAKES

**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.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party					
2. Name of Candidate (In this order: First, Middle, Last) Merrill Paul Roland			3. Address (include post office box or street, city, state, zip code) 6281 Old Dixie Drive Saint Augustine, Florida 32095-7902		
4. Telephone (904) 669-8751		5. E-mail address Rolandmp3@yahoo.com			
6. Office sought (include district, circuit, group number) St. Johns County Commission District-5			7. If a candidate for a nonpartisan office, check if applicable: <input type="checkbox"/> 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 <input type="checkbox"/> Write-In <input checked="" type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer Merrill Paul Roland					
11. Mailing Address 6281 Old Dixie Drive				12. Telephone (904) 669-8751	
13. City Saint Augustine		14. County St. Johns	15. State Florida	16. Zip Code 32095	17. E-mail address Rolandmp3@yahoo.com
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank VYSTAR C.U.			20. Address 3654 N. Ponce de Leon Blvd.		
21. City Saint Augustine		22. County Saint Johns	23. State Florida	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 June 05, 2020			26. Signature of Candidate <input checked="" type="checkbox"/> Merrill Paul Roland		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)					
I, <u>Merrill Paul Roland</u> , do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
<u>June 05, 2020</u> Date			<input checked="" type="checkbox"/> <u>Merrill Paul Roland</u> Signature of Campaign Treasurer or Deputy Treasurer		