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

SUPERVISOR OF ELECTIONS

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ST JOHNS COUNTY VICKY OAKES

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Treasurer/Deputy Initial Filing of Form Re-filing to Change: |V| Depository Office Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 203 Fort Wade Pd. Ste. 105 Ponte Vedra, FL 32081 caseye WOOISEY morcom. Com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: County Judge, Seat 2 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 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 CASEM WITHISELA 11. Mailing Address 12. Telephone 203 FOVY Wade Rd Ste. 105 13. City 15. State 16. Zip Code 17. E-mail address Printe Vedraz IL 32081 CASEM@ WOOLSEY MOYCOM. COM 18. I have designated the following bank as my **Primary Depository** Secondary Depository 19. Name of Bank 20. Address 21. City 22. County 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 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment (Please Print of Type Name) designated above as: Campaign Treasurer Deputy Treasurer. X Signature of Campaign Treasurer or Deputy Treasurer