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

2021 APR 16 PM 3: 10

ST JOHNS COUNTY VICKY OAKES

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Treasurer/Deputy Depository Office Party Re-filing to Change: Initial Filing of Form 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) aShawnda Laurice Pinkney 4. Telephone votel pinkney@gmail.com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. County Commissioners District 2 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 Republican candidate. Party Write-In No Party Affiliation Campaign Treasurer **Deputy Treasurer** 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer LaShawnda 12. Telephone 11. Mailing Address 17. E-mail address 16. Zip Code 14. County 15. State 13. City votelpinkney@gmail.com Primary Depository Secondary Depository 18. I have designated the following bank as my 20. Address 19. Name of Bank VII Star Credit Union 165 4 24. Zip Code St. Johns 32086 St. Augustine 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. 26. Signature of Candidate 25. Date X A a Shaunder Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. , do hereby accept the appointment Campaign Treasurer Deputy Treasurer. designated above as: Upril 15, 2021 X Lass Signature of Campaign Treasurer or Deputy Treasurer