

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

2022 JAN 19 PM 4:08

ST JOHN 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)
Linda Foreman Thomson

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

415 N Ocean Grande Dr. Unit PH6
Ponte Vedra Beach, FL 32082

4. Telephone

(904) 669-2169

5. E-mail address

Vote4LindaThomson@gmail.com

6. Office sought (include district, circuit, group number)
Port, Waterway, and Beach Group 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
Linda Thomson

11. Mailing Address

415 N Ocean Grande Dr. Unit PH6

12. Telephone

(904) 669-2169

13. City

Ponte Vedra Beach

14. County

St Johns

15. State

FL

16. Zip Code

32082

17. E-mail address

Vote4LindaThomson@gmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank
Ameris Bank

20. Address

790 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

1.19.22

26. Signature of Candidate

X *Linda Thomson*

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

Linda Thomson

I, _____, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☒ Deputy Treasurer.

1.19.22

Date

X *Linda Thomson*

Signature of Campaign Treasurer or Deputy Treasurer