## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

2022 JAN 32 AM 1: 089 SENAG VAOIV

NOTE: This form must be on file with the qualifying officer before opening the campaign account.					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)					3. Address (include post office box or street, city, state, zip code)						
ROXANNE HORVATA		DE SOUTH STREET									
4. Telephone	5. E-mail	address		ST. AUGUSTINE, FZ 32084							
(904) 806-4329	) 806-4329 DUOARCH@COMCAST, NET										
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
CITY OF ST. AUGUSTINE COMMISSION MAYOR, SEAT 3					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  Roxanne Hornath											
11. Mailing Address 12. Telephone											
15 SOUTH STROET					(904) 804-4329						
13. City 14. County 15. Sta											
STIAUGUSTINE STI JOHNS		•	R					ARCH @ CONCAST, NET			
18. I have designated the following bank as my											
19. Name of Bank 20. Address											
BANIL OF AMERICA				2/35 05-1 8							
21. City					23. State			24. Zip Code 3 208 4			
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							
1/31/2022					X Efam H						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I,, do hereby accept the appointment											
I,											
designated above as: Campaign Treasurer 📈 Deputy Treasurer.											
1/31/2022 X Flam #											
Date	Date  Signature of Campaign Treasurer or Deputy Treasurer										