## **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

2022 MAR 22 PM 4: 20

ST JOHNS COUNTY VICKY OAKES

| officer before opening the campaign account.  | OFFICE USE ONLY   |
|---|---|
| 1. CHECK APPROPRIATE BOX(ES):   |   |
|   | reasurer/Deputy Depository Office Party   |
| 2. Name of Candidate (in this order: First, Middle, Last)    Vonne   Marianne hockbaum     4. Telephone   5. E-mail address     (484) 919 2709   lockbaumyegman     6. Warnen   6. Warnen     6. Warnen   6. Warnen     6. Warnen   6. Warnen     7. Warnen   6. Warnen     7. Warnen   6. Warnen     8. Warnen   6. Warnen     8. Warnen   6. Warnen     9. Warnen   6. Warnen     9. Warnen   6. Warnen     1. Warnen | 3. Address (include post office box or street, city, state, zip code)  205 Gray Owl At Ponte Vedra, H 32081 |
| 6. Office sought (include district, circuit, group-number)  | 7. If a candidate for a nonpartisan office, check if  |
| District 4 School Board   | applicable:  My intent is to run as a Write-In candidate.   |
| 8. <b>If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable:</b> 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  Youne Marianne hockboum  |   |
| 1/1. Mailing Address  | 12. Telephone   |
| 205 Gray Oul Pt. (484)919-2709  |   |
| 13. City 14. County 15. Sta<br>Ponte Vedva St. Sohns H  | ate 16. Zip Code 17. E-mail address 32081 /ockbaum/@ajwail.com  |
| 18. I have designated the following bank as my Primary Depository Secondary Depository  |   |
| 19. Name of Bank  | 20. Address<br>100 Village Lake Dr.   |
| 21 City 22. County  | 23. State 24. Zip Code  |
| Vonte Vedra St. Johns Cou   | inty 71 32081   |
| 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  |
| 3/22/22   | X Growne M Tockbaum   |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)  |   |
| I, <u>Yvonne Marianne hockboum</u> (Please Print or Type Name)  | , do hereby accept the appointment  |
| designated above as: Campaign Treasurer Deputy Treasurer.   |   |
| 3/22/22 X John Manaine Labrager  Date Signature of Campaign Treasurer or Deputy Treasurer   |   |