

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS SUPERVISOR OF ELECTIONS  
2022 MAR 32 AM 8:33 2022 APR -1 AM 9:18  
ST JOHNS COUNTY VICKY OAKES ST JOHNS COUNTY VICKY OAKES

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

<b>1. CHECK APPROPRIATE BOX(ES):</b>					
<input checked="" type="checkbox"/> Initial Filing of Form		Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party			
<b>2. Name of Candidate</b> (in this order: First, Middle, Last) Charles "Chuck" Labanowski			<b>3. Address</b> (include post office box or street, city, state, zip code) 1748 N Cappero Dr St Augustine, FL 32092		
<b>4. Telephone</b> ( 443 ) 956-3760		<b>5. E-mail address</b> clmcgver@gmail.com			
<b>6. Office sought</b> (include district, circuit, group number) County Commissioner District #2			<b>7. If a candidate for a <u>nonpartisan</u> office, check if applicable:</b> <input type="checkbox"/> My intent is to run as a Write-In candidate.		
<b>8. 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 <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input checked="" type="checkbox"/> <u>Republican</u> Party candidate.					
<b>9. I have appointed the following person to act as my</b> <input type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer					
<b>10. Name of Treasurer or Deputy Treasurer</b> Carol Labanowski					
<b>11. Mailing Address</b> 1748 N Cappero Dr				<b>12. Telephone</b> ( 443 ) 794-5303	
<b>13. City</b> St Augustine	<b>14. County</b> St Johns County	<b>15. State</b> FL	<b>16. Zip Code</b> 32092	<b>17. E-mail address</b> legs1227@aol.com	
<b>18. I have designated the following bank as my</b> <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
<b>19. Name of Bank</b> Ameris Bank			<b>20. Address</b> 790 N Ponce de Leon Blvd		
<b>21. City</b> St Augustine		<b>22. County</b> St Johns County		<b>23. State</b> FL	<b>24. Zip Code</b> 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.**

<b>25. Date</b> <i>March 31, 2022</i>	<b>26. Signature of Candidate</b> <input checked="" type="checkbox"/> <i>Charles Labanowski</i>
<b>27. Treasurer's Acceptance of Appointment</b> (fill in the blanks and check the appropriate block)	
I, <u>Carol Labanowski</u> , do hereby accept the appointment (Please Print or Type Name)	
designated above as: <input type="checkbox"/> Campaign Treasurer. <input checked="" type="checkbox"/> Deputy Treasurer.	
<u>March 31, 2022</u> Date	<input checked="" type="checkbox"/> <u>Carol Labanowski</u> Signature of Campaign Treasurer or Deputy Treasurer