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 APR 21 AM 10: 23

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)	3. Address (include post office box or street, city, state, zip
Virginia S Morgan	code)
4 Telephone 5. E-mail address	
VSnyder morgan (a	
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if	
City of St Augustine Beac	Applicable:
commission Seat H	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> 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 Organ	
11. Mailing Address	12. Telephone
13. City 14. County 15. St.	ate 16. Zip Code 17. E-mail address
St. Jans Fr VSnydermorgan@gmail.	
18. I have designated the following bank as my Primary Depository	
19. Name of Bank America Pauk 20. Address 20. QCO AIA South	
21. City 22. County	2060 ATA SOUTH
21. City 22. County St. Maystral St. May	23. State 24. Zip Code
St. Physistine St. John	
	5 1 1
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH DESIGNATION OF CAMPAIGN DEPOSITOR	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE DESIGNATION OF CAMPAIGN DEPOSITOR 25. Date	Y AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate
DESIGNATION OF CAMPAIGN DEPOSITOR	Y AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date	Y AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate
25. Date 27. Treasurer's Acceptance of Appointmen Norman	26. Signature of Candidate X t (fill in the blanks and check the appropriate block)
25. Date 27. Treasurer's Acceptance of Appointmen	Y AND THAT THE FACTS STATED IN IT ARE TRUE. 26. Signature of Candidate X
25. Date 27. Treasurer's Acceptance of Appointmen Norman	26. Signature of Candidate X t (fill in the blanks and check the appropriate block)
25. Date 27. Treasurer's Acceptance of Appointmen I, Vigina S. Margan (Please Print or Type Name)	t (fill in the blanks and check the appropriate block) , do hereby accept the appointment