

**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 MAY 25 AM 10: 29**

**ST JOHN'S COUNTY  
VICKY OAKES**

**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)**

**Marco E Klovansh**

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

**135 Ashby Landing Way  
St Augustine FL 32086**

**4. Telephone**

**(904) 439-0510**

**5. E-mail address**

**Marco Klovansh 7@gmail.com**

**6. Office sought (include district, circuit, group number)**

**School Board District 3**

**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**

**Marco Klovansh**

**11. Mailing Address**

**135 Ashby Landing Way**

**12. Telephone**

**(904) 439 0510**

**13. City**

**St Augustine**

**14. County**

**St Johns County**

**15. State**

**FL**

**16. Zip Code**

**32086**

**17. E-mail address**

**Marco Klovansh 7@gmail.com**

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

**VVstar**

**20. Address**

**165 SR 312 West**

**21. City**

**St Augustine**

**22. County**

**St Johns County**

**23. State**

**FL**

**24. Zip Code**

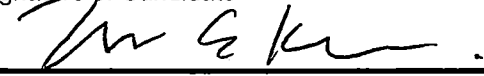
**32086**

**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**

**May 25 2022**

**26. Signature of Candidate**

**X** 

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

I, **Marco Klovansh**, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**May 25 2022**  
Date

**X**

  
Signature of Campaign Treasurer or Deputy Treasurer