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

BORIVERVISOR OF ELECTIONS

2022 OCT -3 AMII: 19

ST JOHNS COUNTY VICKY OAKES

| officer before opening the campaign account. | | | | OFFICE USE ONLY | |
|--|------------|--|---|-----------------|--|
| 1. CHECK APPROPRIATE BOX(ES): | | | | | |
| Initial Filing of Form | • • | 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 | | |
| DANIEL L COCIN 4. Telephone 5. E-mail address | | code | code) 234 DOSEC LA-E | | |
| 4. Telephone 5. E-mail address | | | ST ANGUSTI-E, EC 32095- | | |
| (224) 766-0478 PAD-C&SBCGLiBAL, WET | | | | | |
| 6. Office sought (include district, circuit, group number) | | | 7. If a candidate for a <u>nonpartisan</u> office, check if | | |
| SWEET WATER CREEK COD | | | applicable: | | |
| SEAFTI | | | 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 | | | | | |
| DANIEL LCOLIN | | | | | |
| 11. Mailing Address 12. Telephone | | | | | |
| 234 DOSEC CANE G. (224)766-0478 13. City 14. County 15. State 16. Zip Code 17. E-mail address | | | | | |
| 13. City | 14. County | | 6. Zip Code 17. E-mail ad | | |
| FT ASLUSTINE | STSOHNS | FC 3 | 2095 PAD-Cof | SUCGLORAL NET | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | |
| 19. Name of Bank 20. Address | | | | | |
| CONSUMERS CREDIT UNION 7750 UASHING TOW ST 21. City 22. County 23. State 24. Zip Code | | | | | |
| 21. City | 22. County | | 23. State | 24. Zip Code | |
| WAUKEGAN | LAKE | | 14 | 60085 | |
| 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 | | | | 71 | |
| 10-3-2022 X A | | | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | |
| I, DANIEL L COCIO (Please Print or Type Name) | | · · · · · · · · · · · · · · · · · · · | , do hereby accept the appointment | | |
| | | | | | |
| designated above as: Deputy Treasurer. | | | | | |
| 10-3-2022 X (6) //// | | | | | |
| / <u> </u> | | | Signature of Campaign Treasurer or Deputy Treasurer | | |
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