OF ELECTIONS

2023 SEP -5 PM 1: 04

ST JOHNE COUNTY

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 officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
Initial Filing of Form Re-filing to Change: Tr	reasurer/Deputy Depository Office Party
2. Name of Candidate (in this order: First, Middle, Last)	Address (include post office box or street, city, state, zip code)
Ann-Marie Evans	
4. Telephone 5. E-mail address	
elect Ann Marie @ gmai	7
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
A Dis	applicable:
9-9011 W W 1111 3519 19	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 ☒ 上中	Party candidate.
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	·
Lezlie Greer	
11. Mailing Address	12. Telephone
516 Freshwater Dr 13. City 14. County 15. Sta	(512)944-9118
13. City 14. County 15. Sta Saint Johns FL	
19. Name of Bank	20. Address
HMeris Bank 21. City 22. County	11100 San Jose Blva 23. State 24. Zip Code
Jacksonville Duvall	FL 32223
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
September 5,2023	x (mn-Marie wans
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1. Lezlie Greer	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasurer. Deputy Treasurer.	
9/5/23 X	Les lie anno
Date	Signature of Campaign Treasurer or Deputy Treasurer