

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)
(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

JAN 02 2024

ST. JOHNS COUNTY

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Rob Hardwick

3. Address (include PO Box or Street, City, State, Zip Code):

P.O. Box 840014
St. Augustine, FL 32080

4. Telephone:
(904) 671-7198

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:
Rob@VoteHardwick.com

7. Office Sought (include district, circuit, group, or seat #):
Sheriff

8. If a candidate for a **nonpartisan** office, check the box if applicable:
 I intend to run as a Write-In Candidate.

9. If a candidate for **partisan** office, check the box and fill in the name of the party as applicable: I intend to run as a
 Write-In Candidate. No Party Affiliation Candidate. Republican Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:
Joy Lanni

12. Telephone:
(904) 501-8072

13. Email Address:
joylanni@icloud.com

14. Mailing Address:
7012 Pine Breeze Lane

15. City:
St. Augustine

16. State:
FL

17. Zip Code:
32086

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:
Southstate Bank

20. Address:
120 State Road 312

21. City:
St. Augustine

22. County:
St. Johns

23. State:
FL

24. Zip Code:
32086

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: 01-02-2024

26. Signature of Candidate:
 

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

I, Joy Lanni do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer. Deputy Treasurer.

28. Date: 1/2/2024

29. Signature of Campaign Treasurer of Deputy Treasurer
 