APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.)	SUPERVISOR OF ELECTIONS
(PLEASE PRINT OR TYPE)	APR 12 2024
NOTE: This form must be on file with the filing officer before	ST. JOHNS COUNTY
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) Carol Lynn Straughan	3. Address (include PO Box or Street, City, State, Zip Code): 504 Salt Wind Ct. East Ponte Ocdra Beach FL 32082
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:	
(904) 806-4508 1080 28369 (not required for qualifying purpos	ignardmatte bellsouthnet
7. Office Sought (include district, circuit, group, or seat #): School Board District 5	 8. If a candidate for a <u>nonpartisan</u> 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.	Party candidate.
10. I have appointed the following person to act as my: Campaign Treasurer	
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:
Corol Lynn Straughan	1904, 806-4508 Jymandmatte beltauth
14. Mailing Address: 504 Salt Wind Ct East Pon	y: 16. State: 17. Zip Code: ne te Ucdrabezh FC 32082
	opriate box):
19. Name of Bank: 20. Address:	
Vyster Credit Union	3654 N. Ponce de Leon Blud
21. City: 22. Co	unty: 23. State: 24. Zip Code:
St. Mugustne St. I	chns FC 32084
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: <i>Apality</i> 2024 / 27. Treasurer's Acceptance of Appointment (fill in	26. Signature of Candidate: X will from Strengthen the blanks and check the appropriate box
I, <u>Carol Lynn</u> Straughando hereby accept the appointment designated above as: (Please Print or Type Name)	
Campaign Treasurer.	Deputy Treasurer.
28. Date: 26112,2024	29. Signature of Campaign Treasurer of Deputy Treasurer X Carol Rules Stream
DS-DE 9 (Eff. 10/23)	Rule 1S-2.001, F.A.C.