

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

ST. JOHN'S COUNTY
OFFICE OF ELECTIONS

2024 JUN 13 AM 10:33

NOTE: This form must be on file with the filing officer before opening the campaign account.

ST JOHN'S COUNTY

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)

Taylor Ohntrup

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

33 Atlantic Oaks Circle
Unit B, Saint Augustine, FL

4. Telephone:

(609) 500-2995

5. Candidate's Voter Registration #:

13243014

(not required for qualifying purposes)

6. Email Address:

Taylorohntrup25@gmail.com

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

County Commission District 1

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. ☐ _____ Party candidate.

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

☒ Campaign Treasurer

☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Taylor Ohntrup

12. Telephone:

(609) 500-2995

13. Email Address:

Taylorohntrup25@gmail.com

14. Mailing Address:

33 Atlantic Oaks Circle, Unit B, ~~St.~~

15. City:

Saint Augustine

16. State:

FL

17. Zip Code:

32080

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

19. Name of Bank:

Wells Fargo

20. Address:

200 Plantation Island Dr. S

21. City:

St. Augustine,

22. County:

St. Johns

23. State:

FL

24. Zip Code:

32080

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: June 12, 2024

26. Signature of Candidate:

X Taylor Ohntrup

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

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

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date: June 12, 2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X Taylor Ohntrup