

**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 SEP 25 AM 10:31

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

ST. JOHN'S COUNTY  
VICTOR GARCIA

**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)

Daryl Boyko

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

145 Rivercliff Trail  
St. Augustine, Florida 32092

**4. Telephone:**

(908 ) 447-3800

**5. Candidate's Voter Registration #:**

128538204

(not required for qualifying purposes)

**6. Email Address:**

dlboyko@gmail.com

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

Trout Creek CDD Seat # 3

**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:**

Daryl Boyko

**12. Telephone:**

(908 ) 447-3800

**13. Email Address:**

dlboyko@gmail.com

**14. Mailing Address:**

145 Rivercliff Trail

**15. City:**

St. Augustine

**16. State:**

Florida

**17. Zip Code:**

32092

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

**19. Name of Bank:**

TD Bank

**20. Address:**

215 Harper Lane

**21. City:**

St Johns

**22. County:**

St Johns

**23. State:**

Florida

**24. Zip Code:**

32259

**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:**

9-25-2024

**26. Signature of Candidate:**

X 

**27.**

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

I, Daryl Boyko  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

9-25-2024

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 