

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

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

(PLEASE PRINT OR TYPE)

CLERK OF
ELECTIONS

2024 JUN 13 AM 11:57

ST JOHN'S COUNTY
VICKY OAKES

OFFICE USE ONLY

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

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)

MINDY GELLMAN

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

73 SKYLINE LANE
ST AUGUSTINE FL 32092

4. Telephone:

(917) 279 8082

5. Candidate's Voter Registration #:

130705531

(not required for qualifying purposes)

6. Email Address:

MMMDAN@AOL.COM

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

6th Precinct CDD SEAT 5

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:

MINDY GELLMAN

12. Telephone:

(917) 279 8082

13. Email Address:

MMMDAN@AOL.COM

14. Mailing Address:

73 SKYLINE LANE

15. City:

ST AUGUSTINE

16. State:

FL

17. Zip Code:

32092

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

19. Name of Bank:

CHASE

20. Address:

Commerce Plaza Blvd

21. City:

ST AUGUSTINE

22. County:

ST JOHN'S

23. State:

FL

24. Zip Code:

32092

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:

6/13/24

26. Signature of Candidate:

X Mindy Gellman

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

I, MINDY GELLMAN do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

6/13/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Mindy Gellman