

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

JAN 23 2024

City Clerk's Office
City of Neptune Beach

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)

Corrine ("Cori") Anne Bylund

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

1611 Arrowhead Trail
Neptune Beach, FL 32266

4. Telephone:

(904) 864-6719

5. Candidate's Voter Registration #:

103410497

(not required for qualifying purposes)

6. Email Address:

corrine@bylundlaw.com

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

Mayor, Seat 1 - City of Neptune Beach

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:

Corrine Anne Bylund

12. Telephone:

(904) 864-6719

13. Email Address:

corrine@bylundlaw.com

14. Mailing Address:

1611 Arrowhead Trail

15. City:

Neptune Beach

16. State:

FL

17. Zip Code:

32266

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

19. Name of Bank:

Ameris Bank

20. Address:

560 Atlantic Blvd.

21. City:

Neptune Beach

22. County:

Duval

23. State:

FL

24. Zip Code:

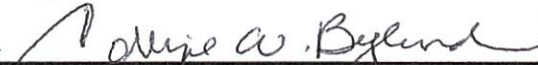
32266

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:

1/23/2024

26. Signature of Candidate:

X 

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

I, Corrine A. Bylund

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

1/23/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X 