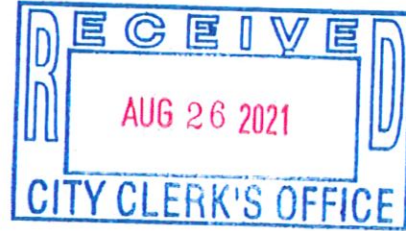


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)



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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input checked="" type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party					
2. Name of Candidate (in this order: First, Middle, Last) <i>Arnold S. Gaines</i>			3. Address (include post office box or street, city, state, zip code) <i>1505 Avenue Q Fort Pierce, FL 34950</i>		
4. Telephone <i>(772) 214-2512</i>		5. E-mail address <i>asg@asgaineslaw.com</i>			
6. Office sought (include district, circuit, group number) <i>City Commissioner, district 1</i>			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.		
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer <i>Samuel S. Gaines</i>					
11. Mailing Address <i>1505 Avenue Q</i>				12. Telephone <i>(772) 201-4187</i>	
13. City <i>Fort Pierce</i>	14. County <i>St. Lucie</i>	15. State <i>FL</i>	16. Zip Code <i>34950</i>	17. E-mail address <i>sgbros@aol.com</i>	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank <i>Seacoast National Bank</i>			20. Address <i>1901 South US Highway 1</i>		
21. City <i>Fort Pierce</i>		22. County <i>St. Lucie</i>		23. State <i>FL</i>	24. Zip Code <i>34950</i>
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.					
25. Date <i>8/25/21</i>			26. Signature of Candidate <i>X [Signature]</i>		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, <u><i>SAMUEL S GAINES</i></u> , do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.					
Date <i>8/25/21</i>			Signature of Campaign Treasurer or Deputy Treasurer <i>X [Signature]</i>		