

**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 filing officer before opening the campaign account.

**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)

JIM NORTON

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

11693 SW River Crossing Pl  
Port St. Lucie FL 34987

**4. Telephone:**

954 600 5896

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

101 649 155  
(not required for qualifying purposes)

**6. Email Address:**

Jim@JimNortonPA.com

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

City Council Dist 3 Port St. Lucie

**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:**

Jim Norton

**12. Telephone:**

954 600 5896

**13. Email Address:**

Jim@JimNortonPA.com

**14. Mailing Address:**

11693 SW River Crossing Pl

**15. City:**

Port St. Lucie FL

**16. State:**

FL

**17. Zip Code:**

34987

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

**19. Name of Bank:**

Seacoast Bank

**20. Address:**

1790 SW Gattin Blvd

**21. City:**

Port St Lucie

**22. County:**

St. Lucie

**23. State:**

FL

**24. Zip Code:**

34953

**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:**

02.28.2025

**26. Signature of Candidate:**

X / [Signature]

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

I, Jim Norton

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

02.28.2025

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

X / [Signature]