

**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.

SUPERVISOR
OF ELECTIONS

2019 SEP 09 AM 9:16

ST. JOHNS COUNTY
VICKY OAKES

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)

Eddie Creamer

3. Address (include post office box or street, city, state, zip code)

295 VAle Dr.
St. Augustine FL. 32095

4. Telephone

(904) 669-0641

5. E-mail address

Eddie.Creamer@me.com

6. Office sought (include district, circuit, group number)

Property Appraiser

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation Republican Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Cheryl Reese

11. Mailing Address

5466 Cypress Links Blvd

12. Telephone

(904) 814-6498

13. City

St. Augustine

14. County

St. Johns

15. State

FL

16. Zip Code

32033

17. E-mail address

reesecheryl@ATT.net

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Centerstate Bank N.A.

20. Address

120 S.R. 312 west

21. City

St. Augustine

22. County

ST. Johns

23. State

FL

24. Zip Code

32086

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

9-3-19

26. Signature of Candidate

X

Eddie Creamer

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

I, Cheryl Reese, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

9-3-19

Date

X

Cheryl Reese
Signature of Campaign Treasurer or Deputy Treasurer