

**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 OCT -2 AM 11:49

ST. JOHNS COUNTY
VICKY BAKER

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)

James Kenneth Johns

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

2220 County Road 210 W Ste 108
Saint Johns, FL 32259

4. Telephone

(904) 807-8975

5. E-mail address

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

St. Johns County Commissioner, District 1

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

Roberta Gibbs

11. Mailing Address

2220 County Road 210 W. Ste 108

12. Telephone

(904) 553-8797

13. City

St. Johns

14. County

St. Johns

15. State

FL

16. Zip Code

32259

17. E-mail address

rngibbs1944@yahoo.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

BBVA

20. Address

120 Bartram Oaks Walk

21. City

St. Johns

22. County

St. Johns

23. State

FL

24. Zip Code

32259

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

10-2-19

26. Signature of Candidate

X

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

I, Roberta Gibbs, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer ☒ Deputy Treasurer.

9-5-19

Date

X

Roberta H. Gibbs

Signature of Campaign Treasurer or Deputy Treasurer