

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

SUPERVISOR
OF ELECTIONS

2020 FEB -4 AM 9:53

ST JOHNS COUNTY
VICKY OAKES

NOTE: This form must be on file with the qualifying 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)

Christian Whitehurst

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

450 State Road 13 North
Suite 106, PMB 203
Saint Johns, FL 32259-3863

4. Telephone

(904) 686-4448

5. E-mail address

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

St. Johns County Commission, 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

Stephanie Zottoli, CPA

11. Mailing Address

2640-A Mitcham Drive

12. Telephone

(850) 877-1099

13. City

Tallahassee

14. County

Leon

15. State

FL

16. Zip Code

32308

17. E-mail address

SZottoli@CCRCpa.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

SunTrust Bank

20. Address

3522 Thomasville Rd

21. City

Tallahassee

22. County

Leon

23. State

FL

24. Zip Code

32309

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

02-04-2020

26. Signature of Candidate

X

Christian Whitehurst

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

I, Stephanie Zottoli, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

1/29/20
Date

X

Stephanie Zottoli
Signature of Campaign Treasurer or Deputy Treasurer