

**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

2020 FEB -4 AM 9:53

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)

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**

Christian@electawhitehurst.com

**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**

Abby Dupree, 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**

adupree@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 

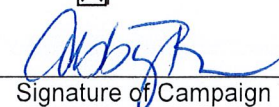
**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Abby Dupree, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer    ☒ Deputy Treasurer.

1/29/2020  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer