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

SUPERVISOR OF ELECTIONS

2020 OCT -5 PM 12: 27

ST JOHNS COUNTY VICKY OAKES

officer before opening the campa					OFFICE	USE	ONLY		
1. CHECK APPROPRIATE BOX(ES Initial Filing of Form Re-	•	reasurer/D	eputy [] Depository		Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)			lress (includ	le post office bo	x or st	treet, city, :	state, z	zip	
Robert Eugene Stewart									
4. Telephone 5. E-mail address							 ,		
stucru@	@att.net								
6. Office sought (include district, circuit, group number)			7. If a candidate for a nonpartisan office, check if						
Port, Waterway & Beach Commission seat 2			applicable:						
		My intent is to run as a Write-In candidate.							
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a									
Write-In No Party AffiliationParty candidate.									
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer									
Robert Stewart									
11. Mailing Address 12. Telephone									
13. City 14. C	County 15. Sta	ate 16.	Zip Code	17. E-mail add	Iress				
		stucru@att.net							
18. I have designated the following bank as my				y Depository Secondary Depository					
19. Name of Bank			20. Address						
Vystar Credit Union 3			970 A1A South						
21. City	22. County		23. State			24. Zip Co	ode		
St. Augustine	St. Johns		FI			32080			
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	26. Signa	ture of Can	didate						
10-05-20	-	X	KIV	M					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
ı, Robert Stewart			, do hereby accept the appointment						
(Please Print or Type Name)									
designated above as: Campaign Treasurer Deputy Treasurer.									
10-05-20 X									
Date		Signature of Campaign Treasurer or Deputy Treasurer							