

**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 MAY 21 PM 12:42

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)

GAYLE GARDNER

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

5105 PORTER RD  
ST. AUGUSTINE FL 32085

**4. Telephone**

(904) 315-5913

**5. E-mail address**

EQU36@AOL.COM

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

ANASTASIA MOSQUITO CONTROL SEATS

**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    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**

☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

GAYLE GARDNER

**11. Mailing Address**

5105 PORTER ROAD

**12. Telephone**

(904) 315-5913

**13. City**

ST. AUGUSTINE

**14. County**

ST. JOHNS

**15. State**

FL

**16. Zip Code**

32095

**17. E-mail address**

EQU36@AOL.COM

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

CENTER STATE BANK

**20. Address**

900 STATE RD 16 ST. AUGUSTINE

**21. City**

ST. AUGUSTINE

**22. County**

ST. JOHNS

**23. State**

FL

**24. Zip Code**

32084

**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**

5/21/2020

**26. Signature of Candidate**

X 

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

I, GAYLE GARDNER, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

5/21/2020

Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer