

**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 OCT -1 PM 12: 07

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)

Robert L. Cameron

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

72 SORRELL CT,
SAINT JOHNS, FL
32259

4. Telephone

(678) 640-8449

5. E-mail address

rcameron9@yahoo.com

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

RIVERS EDGE CDD SEAT 3

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

Robert L. Cameron

11. Mailing Address

72 SORRELL CT.

12. Telephone

678 640-8449

13. City

SAINT JOHNS

14. County

SAINT JOHNS

15. State

FL

16. Zip Code

32259

17. E-mail address

RCAMERON9@yahoo.com

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

19. Name of Bank

SAN TRUST

20. Address

11567 SAW TOSS BLVD

21. City

JACKSONVILLE

22. County

DUAL

23. State

FL

24. Zip Code

32223

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

10-1-20

26. Signature of Candidate

X [Signature]

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

I, Robert L. Cameron, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

10-1-20

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer