

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR
OF ELECTIONS

2021 NOV -5 PM 3:00

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)

JOHNNY COE COUNTS

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

9470 BARREL FACTORY RD
HASTINGS FL 32145

4. Telephone

(386) 937-0000

5. E-mail address

JCCOUNTS@MSN.COM

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

COUNTY COMMISSION DIST 2

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

JOHNNY C COUNTS

11. Mailing Address

9470 BARREL FACTORY RD

12. Telephone

(386) 937-0000

13. City

HASTINGS

14. County

~~FL~~ ST JOHNS FL

15. State

16. Zip Code

32145

17. E-mail address

JCCOUNTS@MSN.COM

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

19. Name of Bank

CAPITOL CITY

20. Address

207 N MAIN ST.

21. City

HASTINGS

22. County

ST JOHNS

23. State

FL

24. Zip Code

32145

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

11/5/21

26. Signature of Candidate

X 

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

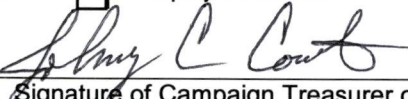
I, JOHNNY C COUNTS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/5/21

Date

X



Signature of Campaign Treasurer or Deputy Treasurer