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 15 PM 4: 18

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 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) code) 28 DR RB Hayling Place CYNTHIK CARRIS

4. Telephone 5. E-mail address St Augustine 72 32084 b. Office sought (include district, circuit, group number)

City of St Augustine City Commussioner State 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 Partv candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone | (*G* 04) 4/2 - 1/3 > 17. E-mail address 13. City 15. State 16. Zip Code 18. I have designated the following bank as my Primary Depository 19. Name of Bank 20. Address 21. City 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. 26. Signature of Candidate 25. Date X Conthin Barris 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) , do hereby accept the appointment (Please Print or Type Name) designated above as: X Campaign Treasurer Deputy Treasurer. X Signature of Campaign Treasurer or Deputy Treasurer