

**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     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

CYNTHIA GARRIS

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

28 Dr RB Hayling Place  
St Augustine FL 32084

**4. Telephone**

(904) 377-8555

**5. E-mail address**

centgarris@aol.com

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

St Augustine  
City Commissioner Seat 4

**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**

CYNTHIA GARRIS

**11. Mailing Address**

28 Dr RB Hayling Place

**12. Telephone**

(904) 377-8555

**13. City**

St Augustine

**14. County**

ST Johns

**15. State**

FL

**16. Zip Code**

32084

**17. E-mail address**

centgarris@comcast.net

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

**19. Name of Bank**

Vystar Credit Union

**20. Address**

3654 N Ponce De Leon Blvd

**21. City**

St Augustine

**22. County**

ST Johns

**23. State**

Florida

**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**

11/15/21

**26. Signature of Candidate**

X Cynthia Garris

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

I, Cynthia Garris, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

11/15/21

Date

X

Cynthia Garris  
Signature of Campaign Treasurer or Deputy Treasurer