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

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ST JOHNS COUNTY AICKA OVKER

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 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip JAIME R. TUPP 6119 OLD DEXE DR ST. AUGUSTINE, FC 32095 4. Telephone 5. E-mail address TRTOPPE UTTTEE.COM 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: ATRPORTAUTHORITY GROWP 3 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 **Deputy Treasurer** Campaign Treasurer 10. Name of Treasurer or Deputy Treasurer TATME R TOPP 11. Mailing Address

6/19 OLD DIXIE DR ST. AWELSTINE, FL 32095

12. Telephone
(305) 9676076

13. City
14. County
15. State
16. Zip Code
17. E-mail address
TRIPPEUTITUC. COM 11. Mailing Address 18. I have designated the following bank as my 19. Name of Bank 20. Address 81 KING 51. ChASE BANK

City 22. County

ST. Whitestime ST. Johns 24. Zip Code 32096 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 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. TATME R TOBP , do hereby accept the appointment (Please Print or Type Name) Campaign Treasurer designated above as: Deputy Treasurer. 5/2/2> Signature of Campaign Treasurer or Deputy Treasurer