

**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

2022 FEB -7 PM 1:13

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)**

Jim Springfield

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

6 althea st.  
St. Augustine, FL  
32084

**4. Telephone**

(904) 669-3225

**5. E-mail address**

Jspringfield@mac.com

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

St. Augustine City Commission Seat 5

**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**

Jim Springfield

**11. Mailing Address**

6 althea st

**12. Telephone**

(904) 669-3225

**13. City**

St. Augustine

**14. County**

St. Johns

**15. State**

Florida

**16. Zip Code**

32084

**17. E-mail address**

Jspringfield@mac.com

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

**19. Name of Bank**

BANK OF America

**20. Address**

2135 U.S. 1 south

**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**

2-7-22

**26. Signature of Candidate**

X 

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

I, Jim Springfield, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

2-7-22

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer