

**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.

SUPERVISION
OF ELECTIONS
2022 AUG 29 PM 3:19
ST JOHN'S COUNTY
VICKY BAKES

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)

Tom Rivers

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

*303 Porpoise Point DR.
ST. AUGUSTINE FL 32084*

4. Telephone

(904) 347-6986

5. E-mail address

Tom@TomRivers.com

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

*ST. AUGUSTINE PORT, WATERWAY & BEACH
COMMISSION, GROUP 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

Tom Rivers

11. Mailing Address

303 Porpoise Point Dr.

12. Telephone

(904) 347-6986

13. City

ST. AUGUSTINE

14. County

ST. JOHN'S

15. State

FL

16. Zip Code

32084

17. E-mail address

Tom@TomRivers.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

SOUTH STATE BANK

20. Address

120 State Road 312 West

21. City

ST. AUGUSTINE

22. County

ST. JOHN'S

23. State

FL

24. Zip Code

32086

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

8/29/22

26. Signature of Candidate

X *Tom Rivers*

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

I, *Tom Rivers*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

8/29/22

Date

X

Tom Rivers

Signature of Campaign Treasurer or Deputy Treasurer