

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

SUPERVISOR
OF ELECTIONS

2022 APR 14 PM 1:10

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)

Nancy Sikes Kline

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

15 Mirvela Av.
St. Augustine, FL 32080

4. Telephone

(904) 806-6203

5. E-mail address

Vote4nancy@aol.com

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

3/ Mayor City of St. Augustine

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

Nancy Sikes Kline

11. Mailing Address

15 Mirvela Av.

12. Telephone

(904) 806-6203

13. City

St. Augustine

14. County

St. Johns

15. State

FL

16. Zip Code

32080

17. E-mail address

vote4nancy@aol.com

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

19. Name of Bank

Ameris Bank

20. Address

790 W. Ponce de Leon Blvd.

21. City

St. Augustine, FL

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

4/14/22

26. Signature of Candidate

X 

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

I, Nancy Sikes Kline, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer.

Deputy Treasurer.

4/14/22

Date

X

Signature of Campaign Treasurer or Deputy Treasurer