

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

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

(PLEASE PRINT OR TYPE)

**SUPERVISOR
OF ELECTIONS**

2023 MAR -1 PM 2: 11

**ST JOHN'S 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)

Clay Murphy

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

[REDACTED]

4. Telephone

[REDACTED]

5. E-mail address

McCLAY13@AOL.COM

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

ST. JOHN'S COUNTY COMMISSIONER DISTRICT 3

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 *REPUBLICAN* Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

TIA WALTERS

11. Mailing Address

194 GRAND RAVINE DR

12. Telephone

(386) 937-2907

13. City *St. Augustine* **14. County** *St. Johns* **15. State** *FL* **16. Zip Code** *32086* **17. E-mail address** *TiaWalters194@gmail.com*

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

19. Name of Bank

Americus Bank

20. Address

100 Southpark Blvd

21. City

St. Augustine

22. County

St. Johns

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

03/01/2023

26. Signature of Candidate

X Clay Murphy

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

I, *Tia M. Walters*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

3-1-23

Date

X Tia M. Walters

Signature of Campaign Treasurer or Deputy Treasurer