

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

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

(PLEASE PRINT OR TYPE)

**SUPERVISOR OF ELECTIONS**

**JAN 11 2024**

**ST. JOHNS COUNTY**

**OFFICE USE ONLY**

NOTE: This form must be on file with the filing officer before opening the campaign account.

**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):  
(Please Print or Type Name)

Heather Dawn Harley Davidson

**3. Address** (include PO Box or Street, City, State, Zip Code):

284 Ole Road  
St Augustine FL  
32080

**4. Telephone:**

904 1770 8392

**5. Candidate's Voter Registration #:**

107975859  
(not required for qualifying purposes)

**6. Email Address:**

heatherharleydavidson11@gmail.com

**7. Office Sought** (include district, circuit, group, or seat #):

st Johns  
District 3 County Commission

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.  No Party Affiliation Candidate.  Republican Party candidate.

**10. I have appointed the following person to act as my:**  Campaign Treasurer  Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Heather Dawn Harley Davidson

**12. Telephone:**

904 770 8392

**13. Email Address:**

harleydavidson11@gmail.com

**14. Mailing Address:**

284 Ole Road

**15. City:**

St Augustine FL

**16. State:**

FL

**17. Zip Code:**

32080

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository  Secondary Depository

**19. Name of Bank:**

Ameris Bank

**20. Address:**

2000 Florida AIA

**21. City:**

St Augustine

**22. County:**

St Johns

**23. State:**

FL

**24. Zip Code:**

32080

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date:**

1-11-24

**26. Signature of Candidate:**

X ~~Heather Davidson~~ Heather Davidson

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

~~Heather Davidson~~

do hereby accept the appointment designated above as:

Heather Davidson

Campaign Treasurer.  Deputy Treasurer.

**28. Date:**

1-11-24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X ~~Heather Davidson~~ Heather Davidson