

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 02 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)

Eddie Cramer

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

157 L. Barty Bell Rd
Ponte Vedra FL 32081

4. Telephone:

(904) 669-0641

5. Candidate's Voter Registration #:

108001530

(not required for qualifying purposes)

6. Email Address:

EddieCramer@me.com

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

Property appraiser

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:

Cheryl Reese

12. Telephone:

(904) 814 6498

13. Email Address:

reese.cheryl@att.net

14. Mailing Address:

24 Vidra Ct.

15. City:

St. Augustine

16. State:

FL

17. Zip Code:

32086

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

19. Name of Bank:

South State Bank

20. Address:

900 SR 16

21. City:

St. Augustine FL

22. County:

St. Johns

23. State:

FL

24. Zip Code:

32084

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:

1-2-24

26. Signature of Candidate:

X 

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

I, Cheryl Reese do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1-2-24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 