

**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 16 2024

ST. JOHNS COUNTY

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Jim Priester

3. Address (include PO Box or Street, City, State, Zip Code):
3501 N Ponce de Leon Blvd Suite B - #268
St. Augustine, FL 32084

4. Telephone:

(772)261-8100

5. Candidate's Voter Registration #:

108053643

(not required for qualifying purposes)

6. Email Address:

team@priesterforsheriff.com

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

St. Johns County Sheriff

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:

Michael Millner

12. Telephone:

(772)261-8100

13. Email Address:

mike@pagworks.com

14. Mailing Address:

2055 NW Diamond Creek Way

15. City:

Jensen Beach

16. State:

Florida

17. Zip Code:

34957

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

19. Name of Bank:

PNC Bank, NA

20. Address:

1021 NE Jensen Beach Blvd

21. City:

Jensen Beach

22. County:

Martin

23. State:

Florida

24. Zip Code:

34957

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:

01-16-24

26. Signature of Candidate:

X 

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

I, Michael Millner do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 1/10/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X 