

**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 18 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)

Nancy Sikes-Kline

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

15 Mirvela Av.
St. Augustine, FL 32080

4. Telephone:

904 1806 6203

5. Candidate's Voter Registration #:

107969407
(not required for qualifying purposes)

6. Email Address:

Vote4nancy@aol.com

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

City of St. Augustine Seat 3 - Mayor

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. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Nancy Sikes-Kline

12. Telephone:

904 1806 6203

13. Email Address:

Vote4nancy@aol.com

14. Mailing Address:

15 Mirvela Av

15. City:

St. Augustine

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

20. Address:

790 N. Ponce de Leon Blvd

21. City:

St. Augustine

22. County:

St. Johns

23. State:

Florida

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:

1/18/24

26. Signature of Candidate:

X 

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

I, Nancy Sikes-Kline (Please Print or Type Name) do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

1/18/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 