

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

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

(PLEASE PRINT OR TYPE)

OFFICE OF  
ELECTIONS

2024 MAY -1 PM 1:56

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

ST JOHNS COUNTY 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)

Robert Keith Mathis, Jr.

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

[REDACTED]

**4. Telephone:**

[REDACTED]

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

107997987

(not required for qualifying purposes)

**6. Email Address:**

**captainlb@hotmail.com**

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

**County Commission District 3**

**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:**

**Robert Keith Mathis, Jr.**

**12. Telephone:**

[REDACTED]

**13. Email Address:**

**captainlb@hotmail.com**

**14. Mailing Address:**

**1093 A1A Beach Blvd. #508**

**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:**

**Barwick Banking Company**

**20. Address:**

**1200 Plantation Island Dr S #110**

**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:** 4/25/2024

**26. Signature of Candidate:**

**X** *Robert K. Mathis*

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

I, Robert K. Mathis, Jr.

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** 4/25/2024

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

**X** *Robert K. Mathis*