

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

MAY 03 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)

GARY HOWELL

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

170 Harvest Ln
St. Augustine FL 32084

4. Telephone:

904 1669-3571

5. Candidate's Voter Registration #:

107961475

(not required for qualifying purposes)

6. Email Address:

gchowell@att.net

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

Anastasia Mosquito Control District
Seat 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. _____ 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 Howell

12. Telephone:

904 1669-0214

13. Email Address:

gchowell@att.net

14. Mailing Address:

170 Harvest Ln.

15. City:

St. Augustine

16. State:

FL

17. Zip Code:

32084

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 14

21. City:

St. Augustine

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:

5/3/24

26. Signature of Candidate:

X 

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

I, Cheryl Howell
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date:

5/3/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 