

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

ST. JOHN'S COUNTY
OFFICE OF THE CLERK

2024 OCT 14 PM 12:03

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

ST. JOHN'S 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)

Cynthia Diane Klein

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

323 Falcon Quest Lake
St Augustine, FL 32095

4. Telephone:

(312) 881-9596

5. Candidate's Voter Registration #:

125852034

(not required for qualifying purposes)

6. Email Address:

Kleincynthia10@gmail.com

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

Seat 4 Parkland Preserve CDD

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:

Cynthia D. Klein

12. Telephone:

(312) 881-9596

13. Email Address:

Kleincynthia10@gmail.com

14. Mailing Address:

323 Falcon Quest Lk.

15. City:

St Augustine

16. State:

FL

17. Zip Code:

32095

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

19. Name of Bank:

Chase Bank

20. Address:

325 Commerce Plz. Blvd

21. City:

St. Augustine

22. County:

St. John

23. State:

Florida

24. Zip Code:

32095

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: 10/14/2024

26. Signature of Candidate:

X Cynthia D. Klein

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

I, Cynthia D. Klein

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

10/14/2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X Cynthia D. Klein