

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

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

(PLEASE PRINT OR TYPE)

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

SECTION  
OF ELECTIONS

2024 SEP 18 PM 12:57

ST. JOHNS COUNTY  
NICKY D'AMICO 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)

Gerald K. Walters

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

700 Rustic Mill Dr.  
St. Augustine, FL 32092

**4. Telephone:**

(443 ) 686-0905

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

130982404

(not required for qualifying purposes)

**6. Email Address:**

hyperbaric@verizon.net

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

Six Mile Creek CDD Seat 1

**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:**

Gerald Walters

**12. Telephone:**

(443 ) 686-0905

**13. Email Address:**

hyperbaric@verizon.net

**14. Mailing Address:**

700 Rustic Mill Dr.

**15. City:**

St. Augustine

**16. State:**

FL

**17. Zip Code:**

32092

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

**19. Name of Bank:**

Truist

**20. Address:**

1850 US1

**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:** September 16, 2024

**26. Signature of Candidate:**

X Gerald Walters

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

I, Gerald Walters  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

Sept 18, 2024

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

X