

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

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

(PLEASE PRINT OR TYPE)

COMMISSION  
OF ELECTIONS

2024 JUN 11 PM 3:18

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)

John Higbee, III

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

1580 Arcadia Drive  
Apartment 402  
Jacksonville, Florida 32207

**4. Telephone:**

(904 ) 631-9019

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

103609956

(not required for qualifying purposes)

**6. Email Address:**

jhhig3@aol.com

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

St. Johns County Commission District 5

**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:**

Kim Bailes

**12. Telephone:**

(850 ) 212-0226

**13. Email Address:**

noreen@pacfm.net

**14. Mailing Address:**

1103 Hays Street

**15. City:**

Tallahassee

**16. State:**

Florida

**17. Zip Code:**

32301

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

**19. Name of Bank:**

Truist Bank

**20. Address:**

2051 Thomasville Road

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

Florida

**24. Zip Code:**

32308

**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:**

6-9-24

**26. Signature of Candidate:**

X

John Higbee

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

I, Kim Bailes

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

**28. Date:**

6/11/24

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

X

Kim Bailes