

**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 qualifying officer before opening the campaign account.**

SUPERVISOR  
OF ELECTIONS

2018 JUN -8 PM 12: 05

ST JOHNS COUNTY  
VICKY OAKES

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)

JOHN C GORMAN (JACK)

**3. Address** (include post office box or street, city, state, zip code)

P.O. BOX 2089  
ST AUGUSTINE FL  
32085

**4. Telephone**

(904) 347-4832

**5. E-mail address**

JOHN CARROLL GORMAN@GMAIL.COM

**6. Office sought** (include district, circuit, group number)

County Commissioner District 4

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

JOHN C GORMAN (JACK)

**11. Mailing Address**

P.O. BOX 2089

**12. Telephone**

(904) 347-4832

**13. City**

ST AUGUSTINE

**14. County**

ST JOHNS

**15. State**

FL

**16. Zip Code**

32085

**17. E-mail address**

JOHN CARROLL GORMAN@GMAIL.COM

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

AMERIS BANK

**20. Address**

790 N PONCE DE LEON BLVD

**21. City**

ST AUGUSTINE

**22. County**

ST JOHNS

**23. State**

FLORIDA

**24. Zip Code**

32084

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

6/08/2018

**26. Signature of Candidate**

X

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

I, JOHN C GORMAN (Please Print or Type Name), do hereby accept the appointment

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/08/2018

Date

X

Signature of Campaign Treasurer or Deputy Treasurer