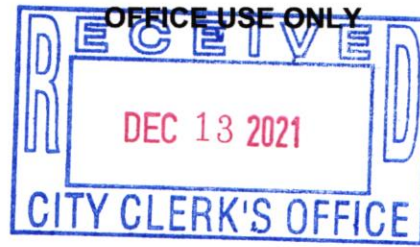


**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)


(Please print or type)



I, Arnold S. Gaines,

candidate for the office of Commissioner Dist 1 Seat 5;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 
Signature of Candidate

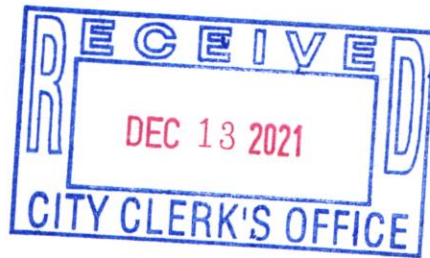
12/13/21
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**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.

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)

Arnold S. Gaines

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

1505 Ave Q
Ft. Pierce, FL 34950

4. Telephone

(772) 2142512

5. E-mail address

asg@asgaineslaw.com

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

City Commissioner Dist 1, Seat 5

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

Arnold S. Gaines

11. Mailing Address

1505 Ave Q

12. Telephone

(772) 2142512

13. City

Ft. Pierce

14. County

St. Lucie

15. State

FL

16. Zip Code

34950

17. E-mail address

asg@asgaineslaw.com

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

19. Name of Bank

Sea Coast National Bank

20. Address

1901 South US Highway 1

21. City

Fort Pierce

22. County

St. Lucie

23. State

FL

24. Zip Code

34950

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

12/13/2021

26. Signature of Candidate

X

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

I, Arnold S. Gaines, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

12/13/2021

Date

X

Signature of Campaign Treasurer or Deputy Treasurer