

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

Received

MAR 04 2026

City Clerk's Office

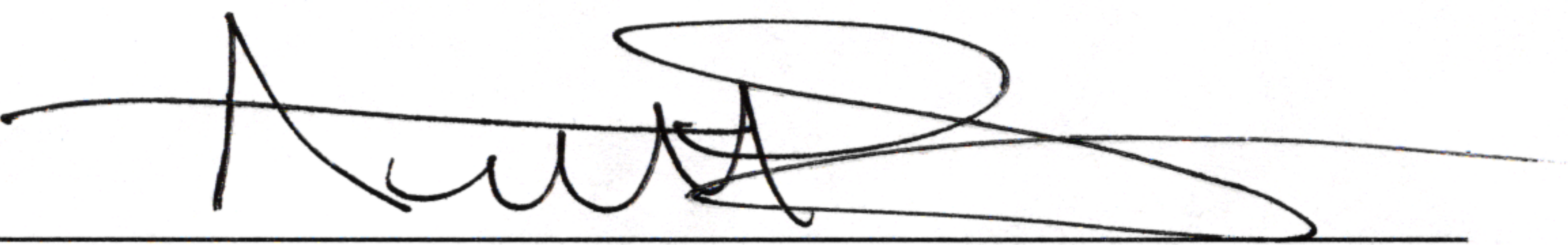
I, Arnold Stone Gaines,

candidate for the office of City Commission District 1, Seat 5;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X



Signature of Candidate

3-4-26

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)

Received
MAR 06 2026
City Clerk's Office

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

Arnold Stone Gaines

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

1505 Ave Q
Fort Pierce, FL 34950

4. Telephone:

(772) 214 2512

5. Candidate's Voter Registration #:

112074143

(not required for qualifying purposes)

6. Email Address:

asgesq68@gmail.com

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

Fort Pierce City Commission
District 1, Seat 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. _____ Party candidate.

10. I have appointed the following person to act as my: Campaign Treasurer Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Durone Glymph

12. Telephone:

(334) 701 7094

13. Email Address:

dglymph1@gmail.com

14. Mailing Address:

11559 SW Aventura Drive

15. City:

Port St. Lucie

16. State:

FL

17. Zip Code:

34987

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

19. Name of Bank:

SeaCoast Bank

20. Address:

1901 S US HWY 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date: 3-4-26

26. Signature of Candidate:

X 

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

I, Durone Glymph
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date: 3/4/2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

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(Please Print or Type Name)

Arnold Stone Gaines

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

1505 Ave Q
Ft. Pierce, FL 34950

4. Telephone:

(772) 214 2512

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District 1, Seat 5

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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:

Arnold S. Gaines

12. Telephone:

(772) 214 2512

13. Email Address:

asgesq68@gmail.com

14. Mailing Address:

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15. City:

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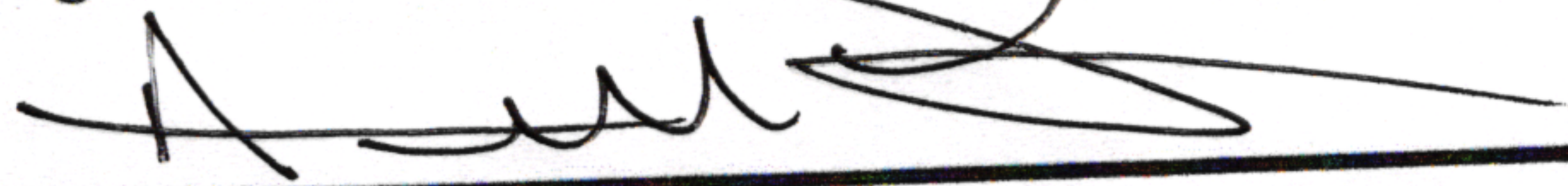
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25. Date:

3-4-26

26. Signature of Candidate

X 

27.

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

I, Arnold S. Gaines do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

3-4-26

29. Signature of Campaign Treasurer or Deputy Treasurer

X 