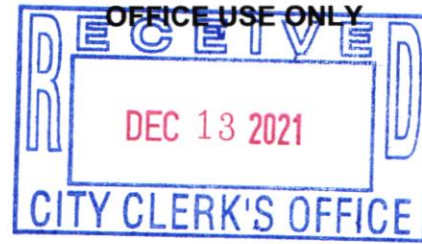


**STATEMENT OF
CANDIDATE**

(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



A handwritten signature in black ink, appearing to read "Arnold S. Gaines", written over a horizontal line.

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) 214 2512

5. E-mail address

asg@asgaineslaw.com

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

City Commissioner Dist 1 Sect 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

Samuel S. Gaines

11. Mailing Address

PO Box 831

12. Telephone

(772) 201-4187

13. City

Ft. Pierce

14. County

St. Lucie

15. State

FL

16. Zip Code

34954

17. E-mail address

sgbras@aol.com

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

19. Name of Bank

Sea Coast National Bank

20. Address

190 South U.S. 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

12/16/21

26. Signature of Candidate

[Signature]

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

Dec 16, 2021
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer