

**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)

Jason Kostandinu

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

781 SW Dolores Ave  
Port St Lucie FL 34983

4. Telephone

(412) 427 7285

5. E-mail address

jason.kostandinu@gmail.com

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

Port St Lucie City Council District 1

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

Jacob LaCroix

11. Mailing Address

1465 SE NORTH Balcount Ct.

12. Telephone

(772) 812-3558

13. City

Port St. Lucie

14. County

St. Lucie

15. State

FL

16. Zip Code

34952

17. E-mail address

Jacob.Lacroix@gmail.com

18. I have designated the following bank as my

Primary Depository     Secondary Depository

19. Name of Bank

PNC bank

20. Address

1320 St Lucie West 34986

21. City

PSC

22. County

St. Lucie

23. State

FL

24. Zip Code

34986

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

6/7/2016

26. Signature of Candidate

X Jason Kostandinu

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

I, Jacob LaCroix, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer

6/7/2016

Date

X

Signature of Campaign Treasurer or Deputy Treasurer