

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)
Steven Christopher Allen

3. Address (include post office box or street, city, state, zip code)
3402 SW Ellis St.
Port St Lucie, FL 34953

4. Telephone
(772) 332-6811

5. E-mail address
steven.allen@email.com

6. Office sought (include district, circuit, group number)
Saint Lucie County School Board, 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
Steven Christopher Allen

11. Mailing Address
3402 SW Ellis St.

12. Telephone
(772) 323-9517

13. City
Port St. Lucie

14. County
Saint Lucie

15. State
FL

16. Zip Code
34953

17. E-mail address
steven.allen@email.com

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

19. Name of Bank
Harbor Community Bank

20. Address
1549 NW St. Lucie West Blvd.

21. City
Port St. Lucie

22. County
Saint 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
02/02/2018

26. Signature of Candidate

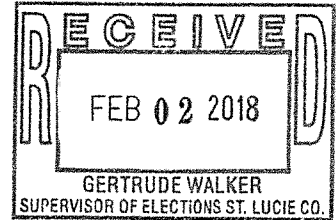
27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, Steven Christopher Allen, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

02/02/2018

Date

Signature of Campaign Treasurer or Deputy Treasurer



**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)
Steven Christopher Allen

3. Address (include post office box or street, city, state, zip code)
3402 SW Ellis St.
Port St Lucie, FL 34953

4. Telephone
(772) 332-6811

5. E-mail address
steven.allen@email.com

6. Office sought (include district, circuit, group number)
Saint Lucie County School Board, 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
Jennifer Lynn Allen

11. Mailing Address
3402 SW Ellis St.

12. Telephone
(772) 323-9517

13. City
Port St. Lucie

14. County
Saint Lucie

15. State
FL

16. Zip Code
34953

17. E-mail address
jennyla1022@icloud.com

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

19. Name of Bank

Harbor Community Bank

20. Address

1549 NW St. Lucie West Blvd.

21. City

Port St. Lucie

22. County

Saint 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
02/02/2018

26. Signature of Candidate

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

I, Jennifer Lynn Allen, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

02/02/2018

Date

X

Signature of Campaign Treasurer or Deputy Treasurer