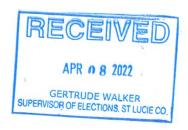
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(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.



officer before opening the campaign account.					OFFICE USE ONLY							
1. CHECK APPROPRIATE BOX(ES):												
✓ Initial Filing of Form		e-filing to Change:	7	Treas	urer/D	eputy	Deposito	ory 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip							
Ed Alonzo					code) PO Box 880331							
4. Telephone	5. E-mail address				Port St Lucie, FL 34988							
(772) 607-2249	alonzo	lawoffices@be	ellsouth		ă							
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if							
St Lucie County Judge, Group 3					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 I	Party Affi	iliation						Pa	rty cand	lidate.		
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer												
Katharine Alonzo												
11. Mailing Address					12. Tele	ohone						
PO Box 880331	(772) 344-1090											
13. City		14. County		ate		6. Zip Code 17. E-mail address						
Port St Lucie	Lucie St Lucie FL			34988 kealonzo@bellsouth.net								
18. I have designated the	₹ F	Primary Depository Secondary Depository										
19. Name of Bank					20. Address							
Truist					1301 NW St Lucie West Blvd							
21. City		22. County				23. State			24. Zip Co	ode		
Port St Lucie	ort St Lucie St Lucie			FL					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					26. Signature of Candidate							
-/8/22					X 7/							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I, Katharine Alonzo					, do hereby accept the appointment							
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
4/8/22 X (Olon)												
Date				Signature of Campaign Treasurer or Deputy Treasurer								