



**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)  
**Terissa Aronson**

**3. Address** (include post office box or street, city, state, zip code)  
998 SW Abbot Avenue  
Port St. Lucie, FL 34953

**4. Telephone**      **5. E-mail address**  
( 772 ) 2404022      Terissa.Aronson@gmail.com

**6. Office sought** (include district, circuit, group number)  
St. Lucie Public School Board, District 2

**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**  
Linda Cox

**11. Mailing Address**  
4344 Gator Trace Circle

**12. Telephone**  
( 772 ) 3594011

**13. City**      **14. County**      **15. State**      **16. Zip Code**      **17. E-mail address**  
Fort Pierce      St. Lucie      FL      34982      lwox@comcast.net

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

**19. Name of Bank**  
Seacoast Bank

**20. Address**  
1901 S. US Highway 1

**21. City**      **22. County**      **23. State**      **24. Zip Code**  
Fort Pierce      St. Lucie      FL      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**  
3/18/24

**26. Signature of Candidate**  
X

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

I, Linda Cox, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer.     Deputy Treasurer.

3/18/2024      X      Linda W. Cox  
Date      Signature of Campaign Treasurer or Deputy Treasurer