

**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.**

SUPERVISOR  
OF ELECTIONS

2020 JUN 29 PM 2:03

ST JOHNS COUNTY  
VICKY OAKES

**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)

SAMUEL N. BAKRESI

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

8050 ALA SOUTH #607  
SAINT AUGUSTINE, FL. 32080

**4. Telephone**

(904) 495-4522

**5. E-mail address**

SAMBAKRE@MSN.COM

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

ST. JOHNS COUNTY AIRPORT AUTHORITY Group 4

**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 N. BAKRESI

**11. Mailing Address**

8050 ALA SOUTH #607

**12. Telephone**

(904) 495-4522

**13. City**

SAINT AUGUSTINE

**14. County**

SAINT JOHNS

**15. State**

FL

**16. Zip Code**

32080

**17. E-mail address**

SAMBAKRE@MSN.COM

**18. I have designated the following bank as my**

☐ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

UYSATZ

**20. Address**

3654 POWEE DELEON BLVD

**21. City**

SAINT AUGUSTINE

**22. County**

SAINT JOHNS

**23. State**

FLORIDA

**24. Zip Code**

32084

**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**

JUNE 29, 2020

**26. Signature of Candidate**

☒ 

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

I, SAMUEL N. BAKRESI, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

JUNE 29, 2020

Date

☒

  
Signature of Campaign Treasurer or Deputy Treasurer