

**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

2022 MAR -1 AM 11:33

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)

MELINDA G. RAKONCAY

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

86 MAGNOLIA AVENUE
ST. AUGUSTINE, FL 32084

4. Telephone

(904) 806-3849

5. E-mail address

mrakoncay@comcast.net

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

CITY COMMISSION - SEAT 5

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

MELINDA G RAKONCAY

11. Mailing Address

86 MAGNOLIA AVENUE

12. Telephone

(904) 806-3849

13. City

ST. AUGUSTINE

14. County

ST. JOHNS

15. State

FL

16. Zip Code

32084

17. E-mail address

mrakoncay@comcast.net

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

WELLS FARGO BANK

20. Address

1919 US Hwy 1 SOUTH

21. City

ST. AUGUSTINE

22. County

ST. JOHNS

23. State

FL

24. Zip Code

32086

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

3/1/22

26. Signature of Candidate

X Melinda Rakoncay

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

I, MELINDA RAKONCAY, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

3/1/22

Date

X Melinda Rakoncay

Signature of Campaign Treasurer or Deputy Treasurer