## 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

SUPERVISOR OF ELECTIONS

2022 MAR 29 AM 10: 33

ST JOHNS COUNTY VICKY OAKES

officer before opening the campaign account.	OFFICE USE ONLY					
1. CHECK APPROPRIATE BOX(ES):						
☑ Initial Filing of Form Re-filing to Change: ☐ T	reasurer/D	eputy Dep	ository	Office	☐ Party	
2. Name of Candidate (in this order: First, Middle, Last)						
4. Telephone 5. E-mail address code)  205 Gray Owl Pt						
(484) 919-2709 lockbaumylogmail.com						
6. Office sought (include district, circuit, group number)		7. If a candidate t	for a <u>nonpart</u>	isan office	e, check if	
District 4 School Board	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. <b>I have appointed the following person to act as my</b> Campaign Treasurer 💢 Deputy Treasurer						
10. Name of Treasurer or Deputy Treasurer  Maria Alegretto						
11. Mailing Address   12. Telephone						
260 Paradise Valley Dr (862) 576-2332 13. City 14. County 15. State 16. Zip Code 17. E-mail address					0-2332	
13. City 14. County 15. St. Ponte Vedra St Johns FL	(862) 576-2332 ate 16. Zip Code 17. E-mail address 32081 gd Squided a proton mail.com					
18. I have designated the following bank as my Primary Depository   Secondary Depository						
19. Name of Bank 20. Address						
Vy Stav 21. Çity 22. County	100	23. State 24. Zip Code				
		23. State				
Pente Vedra St Johns		FL		320	181	
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						
3/26/22 X Young Joekhaum						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)						
I, Maria Atleanato , do hereby accept the appointment (Please Print or Type Name)						
designated above as: Campaign Treasurer. Deputy Treasurer.						
3/26/22 X Maria allegration						
Date	Signature	of Campaign Trea	Stirer or Denu	ity Treasur	er	