

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

SUPERVISOR  
OF ELECTIONS

2022 APR 18 PM 3:38

ST JOHNS COUNTY  
VICKY OAKES

**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)

Allyson M Chambers

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

865 Ocean Palm Way  
St. Augustine FL 32080

4. Telephone

(561) 758-1011

5. E-mail address

allysonm@me.com

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

City of St. Augustine beach seat #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

Allyson M Chambers

11. Mailing Address

865 Ocean Palm Way

12. Telephone

(561) 758-1011

13. City

St. Augustine

14. County

St. Johns

15. State

FL

16. Zip Code

32080

17. E-mail address

allysonm@me.com

18. I have designated the following bank as my

Primary Depository

Secondary Depository

19. Name of Bank

Vystar

20. Address

3970 AIA South St. Augustine FL

21. City

Saint Augustine

22. County

St. Johns

23. State

FL

24. Zip Code

32080

**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

4/18/22

26. Signature of Candidate

X Allyson M Chambers

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

I, Allyson M Chambers, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer.

Deputy Treasurer.

4/18/22

Date

X

Allyson M Chambers

Signature of Campaign Treasurer or Deputy Treasurer