

**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 JUN 16 PM 1:47

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)

Michael Christopher Lanza

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

708 Ginger Mill Drive

4. Telephone

(904) 669-2250

5. E-mail address

lanzasru@bellsouth.net

St. Johns FL 32259

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

County Commissioner No #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

Michael C Lanza

11. Mailing Address

708 Ginger Mill Drive

12. Telephone

(904) 669-2250

13. City

St. Johns

14. County

St. Johns

15. State

FL

16. Zip Code

32259

17. E-mail address

lanzasru@bellsouth.net

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

19. Name of Bank

Vystar Credit Union

20. Address

101 Bartram Oaks Walk

21. City

St. Johns

22. County

St. Johns

23. State

FL

24. Zip Code

32259

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

6/16/22

26. Signature of Candidate

X *Michael C Lanza*

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

I, Michael C. Lanza, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

6/16/22

Date

X

Michael C Lanza
Signature of Campaign Treasurer or Deputy Treasurer