

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR
OF ELECTIONS

2024 JUN 14 AM 9:03

NOTE: This form must be on file with the filing officer before opening the campaign account.

ST JOHN'S COUNTY OFFICE USE ONLY
VIOXY OAKES

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):
(Please Print or Type Name)

Michael Andrew McDonald

3. Address (include PO Box or Street, City, State, Zip Code):

5395 1st St St Augustine
Florida 32080

4. Telephone:

(904) 540 8976

5. Candidate's Voter Registration #:

121519057

(not required for qualifying purposes)

6. Email Address:

sfyfscrew@live.com

7. Office Sought (include district, circuit, group, or seat #):

District 3 county commissioner

8. If a candidate for a nonpartisan office, check the box if applicable:

☐ I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☒ Republican Party candidate.

10. I have appointed the following person to act as my: ☐ Campaign Treasurer ☒ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Michael McDonald

12. Telephone:

(904) 540 8976

13. Email Address:

sfyfscrew@live.com

14. Mailing Address:

5395 1st St

15. City:

St Augustine

16. State:

FL

17. Zip Code:

32080

18. I have designated the following bank as my (check appropriate box): ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank:

Ameris Bank

20. Address:

2060 Florida

21. City:

St 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 THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

6/14/24

26. Signature of Candidate:

X 

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

I, Michael McDonald do hereby accept the appointment designated above as:

(Please Print or Type Name)

☐ Campaign Treasurer.

☒ Deputy Treasurer.

28. Date:

6/14/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X 