

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR OF ELECTIONS

APR 02 2024

ST. JOHNS COUNTY

NOTE: This form must be on file with the filing 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):  
(Please Print or Type Name)

Liliana "Lily Bee" Bristow

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

165 Boracay Circle  
St. Johns, FL 32259

**4. Telephone:**

(904 ) 625-2812

**5. Candidate's Voter Registration #:**

103493300  
(not required for qualifying purposes)

**6. Email Address:**

lilybee4SBD5@gmail.com

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

St Johns County School Board - District 5

**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.    \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Liliana Bristow

**12. Telephone:**

(904 ) 625-2812

**13. Email Address:**

lilybee4SBD5@gmail.com

**14. Mailing Address:**

165 Boracay Circle

**15. City:**

St. Johns

**16. State:**

FL

**17. Zip Code:**

32259

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

**19. Name of Bank:**

Vystar Credit Union

**20. Address:**

100 Village Lake Drive

**21. City:**

Ponte Vedra Beach

**22. County:**

St. Johns

**23. State:**

FL

**24. Zip Code:**

32081

**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:**

4/2/24

**26. Signature of Candidate:**

X 

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

I, Liliana Bristow

(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

4/2/24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 