

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

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

(PLEASE PRINT OR TYPE)

SUPERVISION
OF ELECTIONS

2024 SEP 19 AM 11:23

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

ST JOHN'S COUNTY OFFICE USE ONLY
VICKY 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)

Anna Maria Ryan

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

324 Beale Ave
St Augustine, FL 32092

4. Telephone:

(850) 230 8915

5. Candidate's Voter Registration #:

121120213

(not required for qualifying purposes)

6. Email Address:

pcbmom1@att.net

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

Trout Creek CDD Seat #4

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:

Anna M Ryan

12. Telephone:

(850) 230 8915

13. Email Address:

pcbmom1@att.net

14. Mailing Address:

324 Beale Ave

15. City:

St Augustine

16. State:

FL

17. Zip Code:

32092

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

19. Name of Bank:

Vustar Credit Union

20. Address:

1955 County Rd 210,

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

25. Date: 9/19/24

26. Signature of Candidate:

X Anna M Ryan

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

I, Anna M Ryan do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer. Deputy Treasurer.

28. Date: 9/19/24

29. Signature of Campaign Treasurer or Deputy Treasurer

X Anna M Ryan