

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

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

(PLEASE PRINT OR TYPE)

OCT 30 '25 PM 1:40

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)

Jackson J. Youmas

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

15270 N.W. 150th Ave #1043
Alachua, FL 32615

4. Telephone:

(727) 403-3366

5. Candidate's Voter Registration #:

118145808
(not required for qualifying purposes)

6. Email Address:

jacksonforalachua@gmail.com

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

City Commission Seat 3

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:

Robin Thompson-Youmas

12. Telephone:

(727) 403-3872

13. Email Address:

rthompsonyoumas@gmail.com

14. Mailing Address:

SAME AS ABOVE

15. City:

16. State:

17. Zip Code:

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:

16201 NW US Hwy 441

21. City:

Alachua

22. County:

Alachua

23. State:

FL

24. Zip Code:

32615

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: 10/30/25

26. Signature of Candidate:

X 

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

I, Robin Thompson-Youmas do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 10-30-25

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

OCT 30 '25 PM 12:16

I, Jackson Younes,

candidate for the office of City Commission Seat 3;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

10/30/25

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

CANDIDATE OATH

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

FEB 23 '26 4:00

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Jackson Youmas

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of City Commission (Office) _____ (District #)
#3 (Circuit #) _____ (Group or Seat #); I am a qualified elector of Alachua County, Florida.

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not

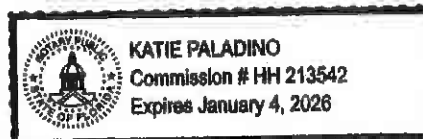
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (850) 755-0055 jacksonforAlachua@gmail.com
Signature of Candidate Telephone Number Email Address
15270 NW 150th Ave #1043 Alachua FL 32615
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF Alachua

Katie Paladino
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 23 day of February, 2026.
Personally Known OR Produced Identification
Type of Identification Produced: Full



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Jack-san You-mas

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

| Amount | Entity |
|--------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Jackie Youmas. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

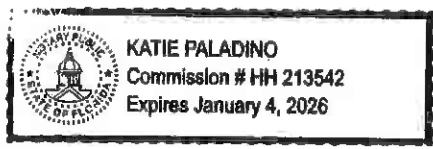
My nickname is Jackson Youmas. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: [Handwritten Signature]

STATE OF FLORIDA
COUNTY OF Alachua

Katie Paladino
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence
this 23 day of February, 2026
Personally Known OR Produced Identification
Type of Identification Produced: pldl



General Information

Name: Jackson Youmas

| Organization | Suborganization | Title |
|--------------|-----------------|-------|
| N/A | | |

CANDIDATE FOR

| Position | Agency Name | Position sought or held |
|---|-----------------|-------------------------|
| City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024) | City of Alachua | Commission Seat 3 |

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
 (If you have nothing to report, write "none" or "n/a")

| Name of Source of Income | Source's Address | Description of the Source's Principal Business Activity |
|--------------------------|---------------------------------------|---|
| CVS Pharmacy | 311 SW 13th St, Gainesville, FL 32601 | Store Manager |

Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

| Name of Business Entity | Name of Major Sources of Business' Income | Address of Source | Principal Business Activity of Source |
|-------------------------|---|-------------------|---------------------------------------|
| N/A | | | |

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

| Location/Description |
|----------------------|
| N/A |

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

| Type of Intangible | Business Entity to Which the Property Relates |
|--------------------|---|
| N/A | |

Liabilities

FEB 24 '26 AM 10:48

LIABILITIES (Major debts valued over \$10,000):
(If you have nothing to report, write "none" or "n/a")

| Name of Creditor | Address of Creditor |
|------------------|---------------------|
| N/A | |

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write "none" or "n/a")

| Business Entity # 1 |
|---------------------|
| N/A |

Signature of Filer

Jackson Youmas

Digitally signed: 02/23/2026

AFFIDAVIT OF RESIDENCY

I, Jackson Youmas, a candidate for the City of Alachua City Commission, Seat 3, in the election of 2026, do hereby swear or affirm that I am a citizen of the United States, and a registered voter in Alachua County, Florida residing at 15270 NW 150th Ave #1043 Alachua, Florida for at least six consecutive months, and I meet the eligibility requirements as identified in Sections 14.6 and 14.8 of the City Charter and Code of Ordinances.

FEB 23 '26 PM 6:00

I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT OF RESIDENCY AND THAT THE FACTS STATED IN IT ARE TRUE.

[Signature]
Signature

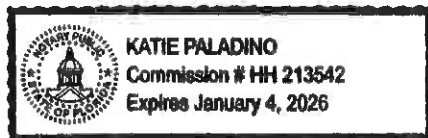
2/23/26
Date

**CITY OF ALACHUA
COUNTY OF ALACHUA
STATE OF FLORIDA**

Before Me, the undersigned authority, on this 23 day of February 2026, appeared Jackson Youmas, in person, who is personally known by me or who has produced FDL as identification, and who did take an oath and who being first duly sworn on oath, deposes and says that this candidate has read the foregoing and that the statements and allegations contained herein are true and accurate.

Sworn To And Subscribed before me this 23 day of February, 2026

(Seal)



Katie Paladino
NOTARY PUBLIC, State of Florida

