

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED OCT 13 2017

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)

Tyfa Felice Edwards

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

2924 NE 13th Drive
Gainesville, FL 32609

4. Telephone

(352) 256-5629

5. E-mail address

loudconversations@gmail.com

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

City Commission Dist 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate. *N/A*

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 *N/A* Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Jennifer Powell

11. Mailing Address

10624 NW 27th Terr

12. Telephone

(352) 215-2243

13. City

Gainesville

14. County

Alachua

15. State

FL

16. Zip Code

32653

17. E-mail address

ACBYPeace@gmail.com

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

19. Name of Bank

Bank of America

20. Address

1116 W University Ave

21. City

Gainesville

22. County

Alachua

23. State

Florida

24. Zip Code

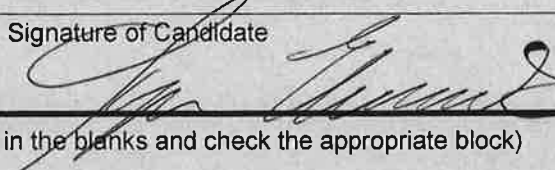
32601

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

10-13-2017

26. Signature of Candidate

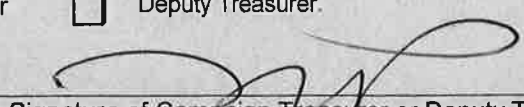


27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Jennifer Powell, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/13/17
Date


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)


(Please print or type)

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I, Tyra F. Edwards,
candidate for the office of City Commission District 1 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

10/13/17

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**

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(Not for use by Judicial or
School Board Candidates)

OFFICE USE ONLY

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, Tyra "Loudd" Edwards
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Gainesville City Commission, 1
(office) (district #)

(circuit #) (group or seat #); I am a qualified elector of Alachua County, Florida;

I am qualified 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.

X [Signature] (352) 256-5629 Louddconversations@gmail.com
Signature of Candidate Telephone Number Email Address

2924 NE 13th Dr Gainesville FL 32609
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 123842933

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATE OF FLORIDA
COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 13th day of October, 2017.


Personally Known: _____ or

Produced Identification: [Signature]

Type of Identification Produced: FL Drivers License

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

 **TAMMY S. TEW**
Notary Public, State of Florida
Commission# FF 928438
My comm. expires Oct. 18, 2019

**CITY OF GAINESVILLE
AFFIDAVIT OF RESIDENCY**

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STATE OF FLORIDA


COUNTY OF ALACHUA

I, the undersigned candidate for City Commission,
(Specify Office & District Number, if applicable)

do hereby certify that I have been a qualified voter who is a resident of the City of
Gainesville, Florida, District 1 for at least six months prior to
(add District Number, if applicable)

the date I filed qualifying papers with the Supervisor of Elections for the office I seek.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING
AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.**



Signature of Candidate

Tyra F. Edwards

Print Name

10/13/2017

Date