

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

JUN 12 2020

DUVAL COUNTY ELEC.  
By VH

OFFICE USE ONLY

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

**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)

Nicole Alexandria Hamm

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

8601 Beach Blvd  
APT 717  
Jacksonville, FL 32216

**4. Telephone**

(904) 790-0636

**5. E-mail address**

nicolea.hamm@gmail.com

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

Jacksonville City Council District 4

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

My intent is to run as a Write-In candidate.

**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  Democrat Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Shellie Ann Joyner

**11. Mailing Address**

374 8th St #4

**12. Telephone**

(904) 616-9757

**13. City**

Atlantic Beach

**14. County**

Duval

**15. State**

FL

**16. Zip Code**

32233

**17. E-mail address**

shellie@tidesaccounting.com

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

**19. Name of Bank**

VyStar

**20. Address**

212 Ponte Vedra Park Drive

**21. City**

Ponte Vedra Beach

**22. County**

St. Johns

**23. State**

FL

**24. Zip Code**

32082

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**

06-10-2020

**26. Signature of Candidate**

X

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

I, Shellie Ann Joyner, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer  Deputy Treasurer.

6.10.2020

Date

X   
Signature of Campaign Treasurer or Deputy Treasurer