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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

(Section 106.021(1), F.S.) DUVAL COUNTY ELEC. By_____

NOV 2 3 2020

Rule 1S-2.0001, F.A.C.

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| officer before opening the campaign account. | | | | | OFFICE USE ONLY | |
|--|---|-----------|---|--------------------|--------------------------------|--|
| 1. CHECK APPROPRIATE BOX(ES): | | | | | | |
| Initial Filing of Form | Re-filing to Change: | Trea | surer/Deputy | Depository | Office Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | | | 3. Address (include post office box or street, city, state, zip | | | |
| James Collins Jacobs | | | code) 943954W) use blad #79 | | | |
| 4. Telephone 5. | Jacksonville fl 32257 | | | | | |
| (904) 534-7452 Jedanbscittemelle gmilieum | | | | | | |
| 6. Office sought (include dist | 7. If a candidate for a <u>nonpartisan</u> office, check if | | | | | |
| CITY COUNCIL AT-large Group 3 applicable: My intent is to run as a Write-In candida | | | | | is 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 9 Democrat. Party candidate. | | | | | | |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer | | | | | | |
|). Name of Treasurer or Deputy Treasurer | | | | | | |
| James c. Jacobs | | | | | | |
| 11. Mailing Address 12. Telephone | | | | | | |
| 9439 sawJose blad (904)534-7452 | | | | | | |
| | 14. County | 15. State | 16. Zip Code | 17. E-mail address | | |
| | Dural | FL | / | | revuncil gymilicu | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | | | | | |
| 19. Name of Bank Jax Federal Credit Union 11406-2 Sandase blyd Jacksinville 32233 | | | | | | |
| | 22. County | 11 | 23. State | Work pita | | |
| 21. City Tacksony ille | Duya 1 | | 23. State | | 24. Zip Code 322 3 3 | |
| | | | ODEOGNO SODN SO | | 0 - 0 | |
| 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. | | | | | | |
| | | | 26. Signature of Candidate | | | |
| November 23, 2020 | | | X / Land | | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | | | | | |
| 1, James C. Jacobs | | | | , do hereby accer | ot the appointment | |
| (Please Print or Type Name) | | | | | | |
| signated above as: Campaign Treasurer Deputy Treasurer. | | | | | | |
| November 23, 2021 X | | | | | | |
| Date | | | Signature of Campaign Treasurer or Deputy Treasurer | | | |