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

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

(PLEASE PRINT OR TYPE)

RECEIVED

FEB 0 4 2021

DUVAL COUNTY ELEC. By\_\_\_\_\_

NOTE: This form must be on file with the qualifying officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Initial Filing of Form Depository 3. Address (include post office box or street, city, state, zip 2. Name of Candidate (in this order: First, Middle, Last) code) 1532 Alexandria PI.F. Jaaksonville, FL (904) 703-0999 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: MAYOF 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 M Republican Party No Party Affiliation candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer Karen L. Carluccu 11. Mailing Address 12. Telephone 13. City

14. County

Duva

15. State

16. Zip Code

17. E-mail address

Karencarlucy @compast. ne Karencarluci @comeast. net 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 6263 St. Augustine Rd.
23. State 24 Regions Bant 22. County 32217 ackson VI 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 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) KAREN L. Carlucei
(Please Print or Type Name) , do hereby accept the appointment Deputy Treasurer. signated above as: Campaign Treasurer / - 30 - 21 Date