

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

AUG 20 2021

DUVAL COUNTY ELEC.
By BB

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> Initial Filing of Form Re-filing to Change: <input checked="" type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party					
2. Name of Candidate (in this order: First, Middle, Last) <u>MATT CARLUCCI</u>			3. Address (include post office box or street, city, state, zip code) <u>1532 alexandria Pl. S. Jax FL, 32207</u>		
4. Telephone <u>904 703 0999</u>		5. E-mail address <u>MATT@MATT CARLUCCI.COM</u>			
6. Office sought (include district, circuit, group number) <u>Mayor</u>			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.		
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input checked="" type="checkbox"/> <u>Republican</u> Party candidate.					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer <u>Matt Carlucci</u>					
11. Mailing Address <u>1532 Alexandria Place South</u>				12. Telephone <u>904.703.0999</u>	
13. City <u>Jacksonville</u>		14. County <u>Duval</u>		15. State <u>FL</u>	
		16. Zip Code <u>32207</u>		17. E-mail address <u>matt@mattcarlucci.com</u>	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank <u>Cocent Bank</u>			20. Address <u>5011 Gate Parkway, Bldg. 100, Suite 150</u>		
21. City <u>Jacksonville</u>		22. County <u>Duval</u>		23. State <u>FL</u>	
				24. Zip Code <u>32256</u>	
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 <u>8.19.2021</u>			26. Signature of Candidate <input checked="" type="checkbox"/> <u>Matt Carlucci</u>		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, <u>Matt Carlucci</u> , do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input type="checkbox"/> Campaign Treasurer <input checked="" type="checkbox"/> Deputy Treasurer.					
<u>8.19.2021</u> Date			<input checked="" type="checkbox"/> <u>Matt Carlucci</u> Signature of Campaign Treasurer or Deputy Treasurer		