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

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

RECEIVED

JAN 0 3 2023

DUVAL COUNTY ELEC. By_____

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)		3. Address (include post office box or street, city, state,	zip	
Ronald Tracy Robiton 4. Telephone 5. E-mail address		rode) Jacksonville, Fi 32218		
4. Telephone 5. E-mail address				
(904)651-6995 RONTRACY 070 GMay 1. COM		1983 Sawtooth onk Ct		
6. Office sought (include district, circuit, group number)		7. If a candidate for a <u>nonpartisan</u> office, check if		
0)61.1.1		applicable: My intent is to run as a Write-In candidate.		
VISTICE 8 CITI COUNCIL				
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				
Write-In No Party Affiliation Libertarian Party candidate.				
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer				
10. Name of Treasurer or Deputy Treasurer				
Ponald Tracy Robbson 11. Mailing Address 12. Telephone				
13. City 14. County 15. State				
13. City 14. County Tacksonville Daval	FL	32218 PONTVACYOTO EMAIL. CON		
18. I have designated the following bank as my				
19. Name of Bank 20. Address				
Well's Fargo	1.	1336 Edgewood AVe W		
21. City 22. County		23. State 24. Zip Code		
Jacksonville Duval		FL 32208		
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				
1-03-23	X	X/fa		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
I, Royald Trad Robison, do hereby accept the appointment				
(Please Print or Type Name)				
designated above as: Campaign Treasurer. Deputy Treasurer.				
1-3-23 X				
Date	Sir	Signature of Campaign Treasurer or Deputy Treasurer		