## 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

OCT 0 5 2021

DUVAL COUNTY ELEC.

officer before opening the campaign account.		OFFICE USE ONLY						
1. CHECK APPROPRIATE	BOX(ES):	4						
Initial Filing of Form	Re-filing to Change: X	reasurer/[	Deputy	Depositor	у 🗆	Office	Party	
2. Name of Candidate (in this order: First, Middle, Last)			3. Address (include post office box or street, city, state, zip					
Lindsey C. Brock III			code) 11042 Harbor Cay Ct					
4. Telephone	5. E-mail address	Jacks	Jacksonville, FL 32225					
(904 ) 996-1144	lcbjax@gmail.com							
6. Office sought (include district, circuit, group number)			7. If a candidate for a nonpartisan office, check if					
Jacksonville City Council District 2			applicable:					
			My intent is to run as a Write-In candidate.					
8. If a candidate for a par	tisan office, check block and fil		of party as	applicable:	My inte	ent is to rur	n as a	
Write-In No Party Affiliation Republic					Pai	rty cand	didate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer								
10. Name of Treasurer or I	Deputy Treasurer							
Lindsey Brock						10 g 10 g 12		
11. Mailing Address 12. Telephone								
11042 Harbor Cay Ct.	$a_i b_i^{-1}$ ,					996-114	14	
13. City	14. County 15. St		Zip Code	17. E-mail				
Jacksonville	Duval FL		225	lcbjax@g				
18. I have designated the following bank as my			Primary Depository Secondary Depository					
19. Name of Bank  Regions Bank  20. Address  9356 San Jose Blvd  21. City  22. County  23. State  24. Zip Code								
21. City	22. County	i	23. State			24. Zip C	ode	
Jacksonville	e Daval		FL			322	57	
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			6. Signature of Candidate					
10/5/2021		X	X					
27. Treasur	er's Acceptance of Appointmen	t (fill in the	blanks and	check the a	ppropriat	e block)		
Lindsey Brock			, do hereby accept the appointment					
(Please Print or Type Name)								
designated above as: Campaign Treasurer Deputy Treasurer.								
10/5/2021 X								
Date Signature of Campaign Treasurer or Deputy Treasurer								