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

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

(PLEASE PRINT OR TYPE)

RECEIVED

JAN 10 2022

DUVAL COUNTY FOEC.

NOTE: This form must be on file with the qualifying

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treas	urer/Deputy
Joe A. Carluca 4. Telephone 5. E-mail address (904) 399-1000 Joe. carluca brightney	3. Address (include post office box or street, city, state, zip code) 3535 Hendnicks Ave Jacksonville, FL 32207
6. Office sought (include district, circuit, group number) com Jackson ille City Council District	applicable: 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	
☐ Write-In ☐ No Party Affiliation ☒ Reput	Party candidate.
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
Doe Carlneci	
11. Mailing Address	12. Telephone
3535 Hendricks Ave	(904) 399-1000
13. City 14. County 15. State	16. Zip Code 17. E-mail address
Jacksonville Duval Pr	32207 joe carlucci@brightway.com
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank 20.	Address
Cogent Bank 50	
21. Oly 22. Oddity	23. State 24. Zip Code
Jacksonille Dural	FL 32256
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
1/10/2022 X	gA Clait
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1, <u>Soe Carlucci</u> (Please Print or Type Name)	, do hereby accept the appointment
designated above as: Campaign Treasurer Deputy Treasurer.	
1/10/2022 X S	ACLI
Date Sign	ature of Campaign Treasurer or Deputy Treasurer