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 officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES):				RECEIVED MAR 0 3 2022 DUVAL COUNTY FREC. By OFFICE USE ONLY						
Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip)										
Ken Amaro					3. Address (include post office box or street, city, state, zip code)					
					6999 Merrill Rd STE 2-184					
4. Telephone	5. E-m	5. E-mail address			Jacksonville, FI 32277					
(202) 239-1642	info@v	votekenamaro	.com							
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, ch									chec	k if
Jacksonville City Council, District 1					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 Republican Party candidate.										
9. I have appointed the following person to act as my 🔀 Campaign Treasurer 🔲 Deputy Treasurer										
10. Name of Treasurer or Deputy Treasurer										
William S. Jones										
11. Mailing Address					12. Telephone					
1722 NW 80th Blvd, Suite 90					(202)239-1642					
13. City	14. C	14. County		ate	16. Zip Code 17. E-mail address					
Gainesville	Alac	Alachua Fl			32606 treasurer@electioneeringconsulting con					ng com
18. I have designated the following bank as my Primary Depository Secondary Depository										
19. Name of Bank					20. Address					
				Bank of America Center, 100 North Tryon Street						
21. City 22. County				23. State				24. Zip Coo	le	
Charlotte Mecklenburg					NC		28255			
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. S	26. Signature of Candidate					
3/3/2022				Χ	X					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)										
I,, do hereby accept the appointment										
(Please Print or Type Name)										
lesignated above as: Campaign Treasurer Deputy Treasurer										
03-02-22 X					MANY					
Date				Signa	Signature of Campaign Treasurer or Deputy Treasurer					

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