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

RECEIVED

JAN 11 2023

DUVAL COUNTY ELEC. By

officer before opening the o				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		
Parrish Daniel King			code) 2544 Ball St apt 4		
4. Telephone 5. E-mail address			Jacksonville, RL, 32204		
(904) SIS-9412 10					
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if					
city council district 7			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 ☐Party candidate.					
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer					
Parrish Danid Klag					
11. Mailing Address 12. Telephone					2A-19 - 5/84/35-00/919 #020 #0318/0-07100
2544 OGIC St. apt 4 13. City 14. County 15. State 16. Zip Code 17. E-mail address					
		15. State	16. Zip Code	le 17. E-mail address	
	Dany	12/	39704	King parci	shoon agmail.com
18. I have designated the following bank as my					
19. Name of Bank 20. Address					
21. City 22. County 23. Sta				drides au	C
			23. State 24. Zip Code		24. Zip Code
Jackson ville	Duval		IFI		32407
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					
1-11-2023	Tan D	Jan Dy			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, Parrish Danish KMg , do hereby accept the appointment (Please Print or Type Name)					
designated above as: Deputy Treasurer. Deputy Treasurer.					
1-11-2023 X					
Date Signatúrè of Ćampăign Treasurer or Deputy Treasurer					