

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

OCT 31 2022

DUVAL COUNTY ELEC.
By BB

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: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

SOLOMON OLOPADE

3. Address (include post office box or street, city, state, zip code)

P.O. BOX 11483
JACKSONVILLE, FL
32239

4. Telephone

(904) 201-0393

5. E-mail address

7forSolomon@gmail.com

6. Office sought (include district, circuit, group number)

JACKSONVILLE CITY COUNCIL DISTRICT 7

7. If a candidate for a nonpartisan office, check if 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 DEMOCRAT Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

SOLOMON OLOPADE

11. Mailing Address

P.O. BOX 11483 JACKSONVILLE, FL. 32239

12. Telephone

904) 201-0393

13. City

JACKSONVILLE

14. County

DUVAL

15. State

FL.

16. Zip Code

32239

17. E-mail address

7forSolomon@gmail.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

PNC BANK

20. Address

299 MONUMENT ROAD

21. City

JACKSONVILLE

22. County

DUVAL

23. State

FLORIDA

24. Zip Code

32225

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

10/25/2022

26. Signature of Candidate

[Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, SOLOMON OLOPADE, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer

10/25/2022

Date

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer