

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

JAN 10 2023

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**

forSolomon@gmail.com

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

JACKSONVILLE CITY COUNCIL DISTRICT 8

**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**

forSolomon@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**

01/10/2023

**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.

01/10/2023  
Date

[Signature]  
Signature of Campaign Treasurer or Deputy Treasurer