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

RECEIVED

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DUVAL COUNTY ELEC By

OFFICE USE ONLY officer before opening the campaign account. 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Depository Office Initial Filing of Form 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Charles Barr

4. Telephone

5. E-mail address

(904) 351-8037

188ab@hofmal.com

32218

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

7. If a candidate for a nonpartisan office, check if applicable: 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 Party candidate. Campaign Treasurer Deputy Treasurer 9. I have appointed the following person to act as my 10. Name of Treasurer or Deputy Treasurer Charles Bank

11. Mailing Address

819 Fields Rd

13. City

14. County

15. State

16. Zip Code

17. E-mail address

1707,-
180 bank as my

Primary Depository

Secondary Depository (904)3518037 20. Address

5 > 1 Airport Center Dr

23. State

24. Zip Code

32>18 21. City 22. County Duval Juckson Ville 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. 26. Signature of Candidate 25. Date Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. (Please Print or Type Name), do hereby accept the appointment designated above as:

Campaign Treasurer. Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer