## 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

DEC 2 7 2022

DUVAL COUNTY ELEC.

officer before opening the campaign account.							OFFIC	E USE ONLY	
1. CHECK APPROPRIATE BOX(ES):									
☐ Initial Filing of Form	Re-filing to Change:	: 🔲 Т	reasurer/l	Deputy [	Depository	$\boxtimes$	Office	☐ Party	
2. Name of Candidate (in this order: First, Middle, Last)  Charles M. Bass  4. Telephone  (904) 6 351-8037  (904) 6 16 16 16 16 16 16 16 16 16 16 16 16 1				3. Address (include post office box or street, city, state, zip code)  819 Fields Rd					
(904)6750-1 1880behotmail.com				Jacksonville, FL 32218					
6. Office sought (include district, circuit, group number)				7. If a candidate for a <u>nonpartisan</u> office, check if					
City Council Dist8				applicable:  My intent is to run as a Write-In candidate.					
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a									
□ Write-In □ No Party Affiliation □ <u>Republican</u> Party candidate.								ndidate.	
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer									
10. Name of Treasurer or Deputy Treasurer  Charles m SAM									
11. Mailing Address 12. Telephone									
919 Fields Rd (904)351-8037  13. City 14. County 15. State 16. Zip Code 17. E-mail address  Juchsonsille Dural FL 32218 1886 Chotmail.com									
13. City	14. County	ate 16. Zip Code 17. E-mail address							
Jucksonville	DUVAL FL 3221				1188ab	eh.	ctna.	1. Lon	
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank			20. Address						
21. City 22. County			23. State 24. Zip Code						
	22. County			23. State			24. Zip 0		
Jucksonville	DUVU			FL			322	-18	
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						
12-27-22			X Charle on Sar						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I, Charles Sor(Please Print or Type Name)					, do hereby	accept	the appo	ointment	
designated above as: Campaign Treasurer. Deputy Treasurer.									
Y of har									
			Signature of Campaign Treasurer or Deputy Treasurer						