

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

**JAN 12 2023**

DUVAL COUNTY ELEC.

By JS

**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)

Michael Thomas Finn

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

2040 Tara Ct

Neptune Beach FL 32266

**4. Telephone**

(919) 961 8218

**5. E-mail address**

D13.mtfinn@gmail.com

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

City Council District 13

**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    ☐ \_\_\_\_\_ Party candidate.

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

**10. Name of Treasurer or Deputy Treasurer**

Michael Thomas Finn

**11. Mailing Address**

2040 Tara Ct.

**12. Telephone**

(919) 961 8218

**13. City**

Neptune Beach

**14. County**

Duval

**15. State**

FL

**16. Zip Code**

32266

**17. E-mail address**

D13.mtfinn@gmail.com

**18. I have designated the following bank as my**

☒ Primary Depository

☐ Secondary Depository

**19. Name of Bank**

Chase Bank

**20. Address**

650 Atlantic Blvd

**21. City**

Neptune Beach

**22. County**

Duval

**23. State**

FL

**24. Zip Code**

32266

**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**

12 January 2023

**26. Signature of Candidate**

**X** 

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

I, Michael Finn, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

12 January 2023

Date

**X**



Signature of Campaign Treasurer or Deputy Treasurer