

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

SEP 05 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)

Michael Morgan Anderson

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

8433 Southside Blvd Unit 2501
Jacksonville, FL 32256

4. Telephone

904 944 7232

5. E-mail address

Im@duvalmike@gmail.com

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

School Board 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 _____ 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 Anderson

11. Mailing Address

8433 Southside Blvd Unit 2502

12. Telephone

904 944 7232

13. City

Jax

14. County

Duval

15. State

FL

16. Zip Code

32256

17. E-mail address

Michael.anderson@gmail.com

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

19. Name of Bank

Community First Credit Union

20. Address

8433 Southside Blvd Unit 2501
Jacksonville, FL 32256

21. City

Jax

22. County

Duval

23. State

FL

24. Zip Code

32256

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

9-5-23

26. Signature of Candidate

X 

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

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

designated above as: Campaign Treasurer. Deputy Treasurer.

9-5-23
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer