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 filing officer before opening the campaign account.

RECEIVED

MAR 0 4 2024

DUVAL COUNTY	ELEC.
By_OK	

OFFICE USE ONLY

opening the campaign account.		
1. CHECK APPROPRIATE BOX(ES): Treasurer/Deputy Depository Office Party		
Initial Filing of Form Si Re-liling to Change. In Treasure/Departy		
2. Name of Candidate (in this order: First, Middle, Last): (Please Print or Type Name)	3. Address (include PO Box or Street, City, State, Zip Code):	
3	8681 AC SKIME PKuy # 703	
PAUL JAMES JASPERSON	Jaeksonville, FL 3225L	
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:		
(763) 913 7964 12 4800041 JASperson paul @ gmu. 1. com		
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a nonpartisan office, check the box		
School Board # / I intend to run as a Write-In Candidate.		
9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a		
☐ Write-In Candidate. ☐ No Party Affiliation Candidate. ☐Party candidate.		
10. I have appointed the following person to act as my:		
11. Name of Treasurer or Deputy Treasurer:	12. Telephone: 13. Email Address:	
PAUL JASPETSON	(763) 913 7964 JASpersen poul@ 5 Mail. cans City: 16. State: 17. Zip Code:	
14. Mailing Address:	City: 16. State: 17. Zip Code: 32256	
18. I have designated the following bank as my (check appropriate box): Primary Depository		
19. Name of Bank: 20. Address: 4489 Town lester Pkay		
First Third Brook	County: 23. State: 24. Zip Code:	
Z1. City.	DUVAL FL 32246	
JACKSOJO. TE	READ THE EOPECOING FORM FOR THE APPOINTMENT OF THE	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.		
26. Signature of Candidate:		
25. Date: 3-04-2024	X Paul gry	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)		
I, PAUL JAMES JASAER SONdo hereby accept the appointment designated above as: (Please Print or Type Name)		
(Please Print or Type Name)		
☐ Campaign Treasurer. ☐ Deputy Treasurer.		
29. Signature of Campaign Treasurer of Deputy Treasurer		
28. Date: 2-24-2024	X Paul Ty	
DD DT 0 (F# 40/22)	Rule 1S-2.001, F.A.C.	
DS-DE 9 (Eff. 10/23)		