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 officer before opening the campaign account.

RECEIVED

JUN 22 2017

DUVAL COUNTY ELEC. By______

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form												
Initial Filing of Form Re-filing to Change: 7 Treasurer/Deputy Depository Office Party												
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zi code)										ıp		
Matt Carlucci						1532 Alexandria Place						
4. Telephone	elephone 5. E-mail address					Jacksonville, FL. 32207						
(904) 703-0999	904) 703-0999 Matt@MattCarlucci.com											
6. Office sought (include district, circuit, group number)						7. If a candidate for a <u>nonpartisan</u> office, check if						
City Council at Large Group 4					applicable:							
My intent is to run as a Write-In candidate.											date.	
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 I	ın	Party candidate.										
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer												
Brooks Andrews												
11. Mailing Address						12. Telephone						
1332 Belvedere Avenue (904) 608-4084												
13. City	3. City 14. County			ate	16.	6. Zip Code 17. E-mail address						
Jacksonville Duval			Florida	a	322	bgandrews18@gmail.com						
18. I have designated the following bank as my												
19. Name of Bank					20. Address							
Regions Bank					1600 Hendricks Avenue							
21. City 22. County						23. State		24. Zip Code				
Jacksonville	*	Duval				Florida			32207			
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												
6/22/17 X						Must Sylen						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I, Brooks Andrews					, do hereby accept the appointment							
(Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
6/22/17 X Brooks S. andrews												
Date				Signature of Campaign Treasurer or Deputy Treasurer								