

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

NOV 20 2017

DUVAL COUNTY ELEC.

By SS

**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)  
Celestine Ophelia Mills

3. Address (include post office box or street, city, state, zip code)  
4747 Fireside Dr W  
Jacksonville, FL 32210

4. Telephone  
(904 ) 502-2606

5. E-mail address  
celestinemills@att.net

6. Office sought (include district, circuit, group number)  
City Council District 10

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     Democrat    \_\_\_\_\_ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer  
Adraine L. Head

11. Mailing Address  
10884 Apple Blossom Trail East

12. Telephone  
( 904 ) 708-6020

13. City  
Jacksonville

14. County  
Duval

15. State  
FL

16. Zip Code  
32218

17. E-mail address  
Adraine.head@jaxsheriff.org

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

19. Name of Bank  
Compass Bank

20. Address  
8430 Blanding Blvd

21. City  
Jacksonville

22. County  
Duval

23. State  
FL

24. Zip Code  
32244

**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  
11/20/17

26. Signature of Candidate  
 Celestine O Mills

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

I, Adraine L. Head, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

11/20/2017  
Date

Adraine L. Head  
Signature of Campaign Treasurer or Deputy Treasurer