

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

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

(PLEASE PRINT OR TYPE)

RECEIVED

NOV 30 2017

DUVAL COUNTY ELEC.
By SB

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

Vystar Credit Union

20. Address

1831 Dunn Ave

21. City

Jax

22. County

Duval

23. State

FL

24. Zip Code

32218

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

11/30/17

26. Signature of Candidate

X 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.

11/30 / 2017
Date

X Adraine L. Head
Signature of Campaign Treasurer or Deputy Treasurer