## 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

OCT 0 9 2017

DUVAL COUNTY ELEC. By\_\_\_\_\_

officer before opening the campaign account.									OFFICI	E USE	ONLY	
1. CHECK APPROPRIATE Initial Filing of Form	Trea	asurer/	Deputy		] Deposito	ry 🗆	Office		Party			
Name of Candidate (in this order: First, Middle, Last)     Karen B. Nuland					Address (include post office box or street, city, state, zip code)     Herschel Street							
4. Telephone	5. E-ma		Jack	Jacksonville, FL 32210								
(904 ) 233-3054	karen.r	nuland@gmail	.com									
Office sought (include district, circuit, group number)     School Board District 6					7. If a candidate for a <u>nonpartisan</u> 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									didate.			
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer Melissa Berlin												
11. Mailing Address 12. Telephone												
4416 Herschel Street	( 904 ) 387-1874											
13. City	14. County		15. State	1 1	16. Zip Code 17. E-mail address							
Jacksonville	Duval		FL	32	2210 mmbjax@hotmail.com							
18. I have designated the	Primary Depository Secondary Depository											
19. Name of Bank					20. Address							
Center State Bank					1234 King Street							
21. City 22. Count					23. State				24. Zip Code			
Jacksonville	ksonville Duval			FL						32204		
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							
10/9/17					x Karen 4 Juland							
27. Treasure	er's Acce	eptance of Appo	intment (f	fill in the	e blanks a	and	check the a	appropriat	e block)			
I, Melissa Sellis (Please Print or Type Name)					, do hereby accept the appointment							
designated above as:   Campaign Treasurer Deputy Treasurer.												
Oct her 8, 2017  Date  X  Signature of Campaign Treasurer or Deputy Treasurer												
Date	•		0	griatui	y or carri	haif	j 11000001C	. or popu	,uuul	٥.		