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 1 0 2017

DUVAL COUNTY ELEC.
By_____ BB _____

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)	3. Address (include post office box or street, city, state, zip code)
Randolph Randall Hall	4339 Rainer Rd. Jacksonville, FL. 32210

4. Telephone	5. E-mail address
(904) 303-2550	mrhall2020@gmail.com

6. Office sought (include district, circuit, group number)	7. If a candidate for a **nonpartisan** office, check if applicable:
CC 10	☐ 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
Randolph Hall

11. Mailing Address	12. Telephone
4339 Rainer Rd	(904) 303-2550

13. City	14. County	15. State	16. Zip Code	17. E-mail address
Jacksonville	Duval	FL-	32210	mrhall2020@gmail.com

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

19. Name of Bank	20. Address
Wells Fargo	4328 Blanding Blvd. Jacksonville, Fl

21. City	22. County	23. State	24. Zip Code
Jacksonville	Duval	FL-	32210

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
10.10-17	X

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

I, Randolph Hall _____, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

10.10.17	X
Date	Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)   Rule 1S-2.0001, F.A.C.