

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

DEC 05 2017

DUVAL COUNTY ELEC.  
By     *AS*    

**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)**

Sharise V. Riley

**3. Address (include post office box or street, city, state, zip code)**

P.O. Box 11463/Jacksonville, FL/32239

**4. Telephone**

(904 ) 6997964

**5. E-mail address**

nelyak@bellsouth.net

**6. Office sought (include district, circuit, group number)**

City Council, District 7

**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**

Sharise V Riley

**11. Mailing Address**

P.O. Box 11463

**12. Telephone**

( 904 ) 6997964

**13. City**

Jacksonville

**14. County**

Duval

**15. State**

FL

**16. Zip Code**

32239

**17. E-mail address**

nelyak@bellsouth.net

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

**19. Name of Bank**

Synovus Bank

**20. Address**

521 Airport Center Dr

**21. City**

Jacksonville

**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**

12/5/2017

**26. Signature of Candidate**

    *Sharise V. Riley*    

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

I,     Sharise V Riley    , do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

    12/5/2017    

Date

    *Sharise V. Riley*    

Signature of Campaign Treasurer/or Deputy Treasurer