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

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

(PLEASE PRINT OR TYPE)

## RECEIVED

JAN 12 2018

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

officer before opening the campaign account.								OFFICE	USE	ONLY	
1. CHECK APPROPRIATE BOX(ES):											
Initial Filing of Form	Re-filinç	g to Change:	☐ Tre	asurer/[	Deputy [	Depositor	ry 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip						
Michael T Sell				code) 201 Marisco Way, Jacksonville FL, 32220							
4. Telephone	5. E-mail address					Tay, carrier		_,			
(904 ) 5359493	Sell4CC@	gmail.com									
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if						
City Council, District 8					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.											
9. I have appointed the following person to act as my											
10. Name of Treasurer or Deputy Treasurer											
Daniel T Aten											
11. Mailing Address				12. Telephone							
6339 Ironside Drive North				( 904 ) 6135581							
13. City	15. State	· · · · · · · · · · · · · · · · · · ·									
Jacksonville Duval FL					244						
18. I have designated the following bank as my											
19. Name of Bank 20. Address											
Vystav Credit Union					30	<u>haftee</u>	<u>Poin</u>	t Blud			
21. City Lacksonvill	22.	. County			23. State	е		24. Zip Co			
Sacksonville Dual					F	<u></u>		322	_21		
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							
1/4/2018				X Michael Sell							
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)											
I, , do hereby accept the appointment									t		
(Please Print or Type Name)											
designated above as:	$\boxtimes$	Campaign Tr	reasurer		Deputy To	reasurer.					
1/4/20	18	•	Χ	A	<i>I</i>	<u> </u>					
Date			s	Signature of Campaign Treasurer or Deputy Treasurer							