

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

APR 11 2018

DUVAL COUNTY ELEC.  
By 315

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)**

Nahshon Lamir Nickles

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

P.O. Box 41651

**4. Telephone**

(904) 701-4515

**5. E-mail address**

Pastornicks@gmail.com

Jacksonville, FL

32203

**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**

H. Denise Smith

**11. Mailing Address**

376 E. 47th St.

**12. Telephone**

(904) 300-6494

**13. City**

Jacksonville

**14. County**

Duval

**15. State**

FL

**16. Zip Code**

32208

**17. E-mail address**

HDeniseSmith@gmail.com

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

**19. Name of Bank**

Vystar Credit Union

**20. Address**

1700 Main St

**21. City**

Jacksonville

**22. County**

Duval

**23. State**

FL

**24. Zip Code**

32206

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**

4/11/18

**26. Signature of Candidate**

X 

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

I, H. Denise Smith, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

4/11/18

Date

X

H. Denise Smith

Signature of Campaign Treasurer or Deputy Treasurer