## 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 qualifyin

## RECEIVED

JUL 3 0 2018

DUVAL COUNTY ELEC. Ву (5/3)

officer before opening the campaign account.	OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):	
	reasurer/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
MARCELLUS Holmes 4. Telephone 5. E-mail address	2229 w 185t
4. Telephone 5. E-mail address	Jax FL 32209
(904°) 236-1506 MARCELLUS Holmes Forcecistic 190 gail 190	
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:
City Consulmen District 9	NA - independ in the manner of NACA to the second in the
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 Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer	
MARCELLUS Holmes	
11. Mailing Address	12. Telephone
22 29 W 18 St 13. City 14. County 15. Sta	(B4 1236-1506
13. City 14. County 15. Sta	ate 16. Zip Code 17. E-mail address
Jax Dural F1	1 32209 MARCELLAS Holmos FORCE District 900 Quailes
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank	20. Address
Syntrust	76 S. Laura 97  23. State 24. Zip Code
21. City 22. County	AND THE PROPERTY OF THE PROPER
Jax Dural	FL 32202
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 1.30 - 18	26. Signature of Candidate
	x Mules Helm
27. Treasurer's Acceptance of/Appointment (fill in the blanks and check the appropriate block)	
1, MARCELLUS Holmes	, do hereby accept the appointment
(Please Print or Type Name)	
designated above as: Campaign Treasure	r Deputy Treasurer.
7.30. (8 X	/ Mall IH
Date	Signature of Campaign Treasurer or Deputy Treasurer