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

RECEIVED

MAR 2 0 2018

DUVAL COUNTY ELEC. By_____

officer before opening the campaign account.				OFFICE USE ONLY
1. CHECK APPROPRIATE BOX(ES):				
Initial Filing of Form R	te-filing to Change: T	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
Erdine Churchwoll Johnson 4. Telephone 5. E-mail address		code) /8	58 Paytone Low acts 5'no. 'le, FL	\sim
4. Telephone 5. E-m	nail address	~/	ack 5'no. 1/k, LL	372/8
(904) 75/3869 jrhnsone 2 & bellsouth not				
6. Office sought (include district,	7. If a candidate for a <u>nonpartisan</u> office, check if			
School Board	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 Campaign Treasurer Deputy Treasurer				
10. Name of Treasurer or Deputy Treasurer Keith Iras Craine Johnson				
11. Mailing Address 12. Telephone				
13. City 14. County 15. State 16. Zip Code 17. E-mail address 14. County FL 32218 3240312 20 601 500th.n				
13. City 14. County 15. State 16. Zip Code 17. E-mail address				
18. I have designated the following bank as my				
19. Name of Bank Well Fargo 20. Address B99 Dunn Are. 21. City 22. County 23. State 24. Zip Code 27-216				
21. City Jacksmille	22. County	23.	State	24. Zip Code
Sactsmille	Dural		FL.	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 26. Signature of Candidate				
3-16-18 X Enduric. John				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)				
I,, do hereby accept the appointment (Please Print or Type Name)				
designated above as: Campaign Treasurer Deputy Treasurer.				
3-16-18 X Indui C. John				
Date Signature of Campaign Traceurer or Deputy Traceurer				