## 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

APR 0 6 2018

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

officer before opening the campaign account.					OFFICE USE ONLY							
1. CHECK APPROPRIATE BOX(ES):												
✓ Initial Filing of Form	Re	-filing to Change:		Γreasι	rer/Deputy		<b>]</b> Depositor	у 🗆	Office		Party	
2. Name of Candidate (in t		3. Address (include post office box or street, city, state, zip										
Chad Evan McIntyre					code)							
4. Telephone 5. E-mail address					332 E Ashley Street, Jacksonville, FL 32202							
(904 ) 339-1791	chad@chademcintyre.com											
6. Office sought (include district, circuit, group number)					7. If a candidate for a nonpartisan office, check if							
City Council At Large Group 5					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 F	ocrat	erat Party candidate.										
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer												
Chad Evan McIntyre												
11. Mailing Address					12. Telephone							
332 E Ashley Street					( 904 ) 240-0509							
13. City	14. County		15. St	ate	16. Zip Code 17. E-mail address							
Jacksonville	Duval		FL		32202 chad@chademcintyre.com							
18. I have designated the	X P	Primary Depository Secondary Depository										
19. Name of Bank					20. Address							
Alive Credit Union					9790 Touchton Road							
21. City		22. County			23. Sta				24. Zip C	ode		
Jacksonville		Duval			Florid	a			32246			
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							
4-6-201	18			X	9		NOT	n	e			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
I, Chad McIntyre (Please Print or Type Name)					, do hereby accept the appointment							
" <del>(1140)   "</del>	(Pleas	se Print or Type N	lame)				,	.,	Time appo			
designated above as:   Campaign Treasurer Deputy Treasurer.												
4-6-18 X EMENGO												
Date				Signature of Campaign Treasurer or Deputy Treasurer								