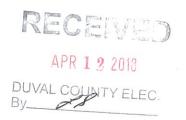
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

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

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying



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 Defice Party													
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip								
James (Jimmy) Kelly Hill					code) 372 7th Street								
4. Telephone	elephone 5. E-mail address					Atlantic Beach FL 32233							
(904) 759-2758	boattime1@yahoo.com												
,	,												
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if								
Mayor of Jacksonville					applicable:								
					My intent is to run as a Write-In candidate.								
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a													
── Write-In ☐ No Party Affiliation ✓ Republican Party								rty cand	didate.				
9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer													
10. Name of Treasurer or Deputy Treasurer													
Don Smith													
11. Mailing Address 12. Telephone													
12323 Holstein Drive (904) 613-1861													
13. City 14. County 15. Star													
Jacksonville Duval FL 32226							desmith 2@bellsouth.net						
18. I have designated the following bank as my													
					20. Address								
Ameris Bank					660 Atlantic Blvd								
21. City		22. County			23. Sta			24. Zip C	ode				
Neptune Beach		Duval			Florida			32266					
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													
				x (x Manual Town								
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)													
I,													
I, (Please Print or Type Name), do hereby accept the appointment													
designated above as: Campaign Treasurer Deputy Treasurer.													
11/12/18													
Date Signature						aign Treasure	or Deni	ty Treasure	or .				
Date				Signau	no yr Carrip	aigii i casulei	or Debr	ty i i casult	J1				