

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

MAY 11 2018

DUVAL COUNTY ELEC  
By *Violet Hall*

**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)

Mia L. Jones

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

PO BOX 10933  
Jacksonville, FL 32247

**4. Telephone**

(904 ) 703-0165

**5. E-mail address**

mlanesej@yahoo.com

**6. Office sought** (include district, circuit, group number)

Tax Collector

**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**

Kimberly Miller

**11. Mailing Address**

PO BOX 10933 Jacksonville, FL

**12. Telephone**

( 904 ) 483-8873

**13. City**

Jacksonville

**14. County**

Duval

**15. State**

FL

**16. Zip Code**

32247

**17. E-mail address**

millerkimberlyj@gmail.com

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

**19. Name of Bank**

VyStar Credit Union

**20. Address**

1831 Dunn Ave

**21. City**

Jacksonville

**22. County**

Duval

**23. State**

FL

**24. Zip Code**

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**

05/07/2018

**26. Signature of Candidate**

**X** *Mia L. Jones*

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

I, Kimberly Miller, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer

05/07/2018

Date

**X** *Kimberly Miller*

Signature of Campaign Treasurer or Deputy Treasurer