

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.

RECEIVED

JUN 28 2018

DUVAL COUNTY ELEC.

By [Signature]

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)

Solomon A Olopade

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

P. O BOX 16163

Jacksonville, FL 32245

4. Telephone

904-381-0906

5. E-mail address

7forsolomon@gmail.com

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

City Councilman District 7

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 ☒ Democratic Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Solomon A Olopade

11. Mailing Address

960 Rogero Road #2

12. Telephone

904-381-0906

13. City

Jacksonville

14. County

Duval County

15. State

FL

16. Zip Code

32211

17. E-mail address

7forsolomon@gmail.com

18. I have designated the following bank as my

☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

BBVA COMPASS

20. Address

3560 University Blvd. N

21. City

Jacksonville,

22. County

Duval County

23. State

, Fl.

24. Zip Code

32277

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

May15, 2018

26. Signature of Candidate

X [Signature]

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

I, Solomon A Olopade, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒

Campaign Treasurer

☐

Deputy Treasurer.

6/28/2018
Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer