

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

JUN 01 2018

DUVAL COUNTY ELEC.

By BB

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)

Thomas L. Hazouri, Sr.

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

12145 Dividing Oaks Trail W
Jacksonville, Florida
32223

4. Telephone

(904) 655-3525 thazouri@aol.com

5. E-mail address

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

City Council, Group 3, At-large

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

~~Tommy Hazouri~~ Carol Hazouri

11. Mailing Address

12145 Dividing Oaks Trail West

12. Telephone

(904)

13. City

Jacksonville

14. County

Duval

15. State

FL

16. Zip Code

32223

17. E-mail address

18. I have designated the following bank as my

☒ Primary Depository

☐ Secondary Depository

19. Name of Bank

Vystar Credit Union

20. Address

11343 San Jose Boulevard

21. City

Jacksonville

22. County

Duval

23. State

Florida

24. Zip Code

32223

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

5/1/18

26. Signature of Candidate

X Tommy Hazouri

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

I, Carol O. Hazouri, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

Carol O. Hazouri
Date 5/1/18

X Carol O. Hazouri
Signature of Campaign Treasurer or Deputy Treasurer