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

JUN 1 2 2018

DUVAL COUNTY ELEC. By 3

officer before opening the		OFFICE USE ONLY										
1. CHECK APPROPRIATE Initial Filing of Form		S): -filing to Change:	ד 🗀 :	reasu	urer/De	eputy [] Deposit	ory		Office		Party
2. Name of Candidate (in t Casey Ayers	13	3. Address (include post office box or street, city, state, zip code) 13006 Aegean Drive Jacksonville, FL 32246										
4. Telephone (904) 422-2372	5. E-mail address electcaseyayers@gmail.com											
6. Office sought (include district, circuit, group number) Duval County School Board District 2					7. If a candidate for a <u>nonpartisan</u> 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 Party candidate.												
9. I have appointed the following person to act as my												
10. Name of Treasurer or Deputy Treasurer John Casey Ayers												
11. Mailing Address 12. Telephone 13006 Aegean Drive (904) 422-2372												
13. City Jacksonville	14. County Duval		15. Sta FL	ate	16. Z 3224	Zip Code 46	Code 17. E-mail address electcaseyayers@gmail.com					
18. I have designated the following bank as my									ory			
19. Name of Bank VyStar Credit Union					20. Address 11674 Beach Blvd.							
21. City Jacksonville 22. Co		22. County Duval			23. State FL				24. Zip Code 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.												
17 7.018					26. Signature of Candidate							
27. Treasure	r's Acce	eptance of Appo	intmen	t (fill ir	n the t	blanks and	check the	appro	priate	block)		
John Casey Ayers							, do he	reby a	ccept	the appoi	ntmen	t
(Please Print or Type Name)												
designated above as:												
Date Date X Signature of Campaign Treasurer or Deputy Treasurer												
Date	€			Signi	aluic	or Campaiç	gii iicabai	ICI OI L	Apaty	ricasare	-1	,

Rule 1S-2.0001, F.A.C. DS-DE 9 (Rev. 10/10)