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

APR 2 0 2020

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Re-filing to Change: Treasurer/Deputy Depository Initial Filing of Form Office Partv 3. Address (include post office box or street, city, state, zip code) 3/23 STAN Rd

Jackson VILLE JEL 32216 2. Name of Candidate (in this order: First, Middle, Last) DON Kedman 5. E-mail address 4. Telephone (904) 626930 donRedmanBATT. NET 6. **Office sought** (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: Jacksonville City Council Dist 4 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 Re Publican No Party Affiliation Write-In candidate. Deputy Treasurer 9. I have appointed the following person to act as my Campaign Treasurer 10. Name of Treasurer or Deputy Treasurer 12. Telephone 3123 Stan Rd. (904)993 nulla 16. Zip Code | 17. E-mail address 15. State J G CKSONVILLO FL 32216 directman 56@att. net Primary Depository □ Secondary Depository 18. I have designated the following bank as my 19. Name of Bank 20. Address BBVA Compass 4190 Belfort Rd. 22. County 24. Zip Code 21. City Jacksonville 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 4-20-20 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. (Please Print or Type Name) , do hereby accept the appointment Campaign Treasurer designated above as: Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer