APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECENTO

APR 1 5 2019

DUVAL COUNTY ELEC. By_____

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)	3. Address (include post office box or street, city, state, zip code)
James c Jacobs	1439 Sansose 0110 - 11
4. Telephone 5. E-mail address	Jacksonville F1 32257
(904)534-7452 JeJacobs Megmail.com	· .
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
School Board District 3	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	
0. Name of Treasurer or Deputy Treasurer	
11. Mailing Address	12. Telephone
9439 sawJose blid # 79	
13. City 14. County 15. S Jacksinville Daval F	· ' '
18. I have designated the following bank as my Primary Depository Secondary Depository	
19. Name of Bank TD Ba~ド	20. Address 6050 ST Augustine PD
21. City 22. County	23. State 24. Zip Code
Jacksonville Dural	F1 32297
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 April 15, 2019	26. Signature of Candidate X A C C C C C C C C C C C C
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)	
1, James c Jacobs	, do hereby accept the appointment
(Please Print or Type Name)	
esignated above as: Campaign Treasur	er Deputy Treasurer.
Apr. 1 15, 2019 X	Dr. C/
Date	Signature of Campaign Treasurer or Deputy Treasurer