## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

MAR 0 3 2020

DUVAL COUNTY ELEC. By\_\_\_\_\_\_36\_\_\_

| 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: 🔲 🛚  | reasurer/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 |
| MATTHEW M. SchollenhER   | 5 code) 5324 HERONVIEW DRIVE                                    |
| 4. Telephone 5. E-mail address   | 1AX, FL 32057   |
| (904) Fled-(add) Movbes (Ham) ADL, COM   |   |
| 6. Office sought (include district, circuit, group number)   | 7. If a candidate for a <u>nonpartisan</u> office, check if     |
|  | applicable:   |
| School Bornd #7  | 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 ☐ Kapuhlr CNov Party candidate.  |   |
| 9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer  |   |
| 10. Name of Treasurer or Deputy Treasurer  |   |
| MAH SURAMBERC  |   |
| 11. Mailing Address  | 12. Telephone   |
| 5324 HERONVIEW 11/5 (904) 868-6221   |   |
| 13. City 14. County 15. St   | 400   |
| CAX //4VA/ 1-L   | - 32257 MONERSCIAINDAXE CON                                     |
| 18. I have designated the following bank as my Primary Depository Secondary Depository   |   |
| 19. Name of Bank   | 20. Address CT / / /  |
| BBVA   | 5992 SI- Augustinh KOAS   |
| 21. City 22. County  | 23. State 24. Zip Code  |
| dAX, Buval   | FL 3207   |
| 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                                      |
| 3-2-2020   | X/ ntll / m/shelley ben   |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)   |   |
| 1 Matt (chp//buchbac   | , do hereby accept the appointment                              |
| (Please Print or Type Name)  | , volume appointment  |
| designated above as:  Campaign Treasurer  Deputy Treasurer.  |   |
| 3-2-2020 X/  | Patth Mach. Mulus   |
| Date   | Signature of Campaign Treasurer or Deputy Treasurer             |