

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

MAY 15 2020

DUVAL COUNTY ELEC.
By VH

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)

LEON HENRY JACKSON

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

7374 IRVING SCOTT DR
JAX FL 32209

4. Telephone

(904) 525-3669

5. E-mail address

SOLOJ3800@GMAIL.COM

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

CLERK OF COUNTY COURT

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 REPUBLICAN Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

SHAREN WEISEN

11. Mailing Address

4946 SHERMAN HILL PWAY WEST

12. Telephone

(904) 449-2109

13. City

JACKSONVILLE

14. County

DUVAL

15. State

FL

16. Zip Code

32210

17. E-mail address

STEVENS@GORDON24@AOL.COM

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

121 FINANCIAL CREDIT UNION

20. Address

701 RIVERSIDE PARK PLACE

21. City

JAX

22. County

DUVAL

23. State

FL

24. Zip Code

32204

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

5-15-20

26. Signature of Candidate

X [Signature]

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

I, Sharen Weisen, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5-15-20

Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer