

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

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

(PLEASE PRINT OR TYPE)

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

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)

Demetrius Jackson

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

Po Box ~~11543~~ 11543
Miami, FL 33101

4. Telephone

(305) 833-4498

5. E-mail address

Jacksondemetrius2@gmail.com

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

City of Miami Commissioner
District 5

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 Democratic Party candidate.

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

Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Demetrius Jackson

11. Mailing Address

Po Box 11543 Miami, FL

12. Telephone

(305) 833 4498

13. City

Miami

14. County

Miami-Dade

15. State

FL

16. Zip Code

33101

17. E-mail address

Jacksondemetrius2@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Chase Bank

20. Address

1570 S Dixie Hwy

21. City

Coral Gables

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33146

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

8/18/20

26. Signature of Candidate

X *[Signature]*

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

I, Demetrius Jackson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8/18/20
Date

X

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer