

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

AUG 08 2017

City Clerk

I, Georgette Sumont,

candidate for the office of Jacksonville Beach City Council, Seat 5;
District 2

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

Georgette Sumont
Signature of Candidate

8-8-2017

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**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 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)
Georgette Emily Dumont *507 16th Ave. S.*

4. Telephone 5. E-mail address
(904) 4866865 *georgette.dumont@gmail.com*
Jacksonville Beach, FL 32250

6. **Office sought** (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable:
City Council My intent is to run as a Write-In candidate.
Seat 5, District 2

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 Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Georgette Emily Dumont

11. Mailing Address 12. Telephone
507 16th Ave. S. *(904) 4866865*

13. City 14. County 15. State 16. Zip Code 17. E-mail address
Jacksonville Beach *Duval* *FL* *32250* *georgette.dumont@gmail.com*

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

19. Name of Bank 20. Address
Wells Fargo Bank *233 3rd St. N.*

21. City 22. County 23. State 24. Zip Code
Jacksonville Beach *Duval* *FL* *32250*

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
8-8-2017 *Georgette E. Dumont*

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

I, *Georgette E. Dumont*, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8-8-2017 Date *Georgette E. Dumont*
 Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
AUG 08 2017
City Clerk

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)

Georgette Emily Dumont

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

507 16th Ave S.
Jacksonville Beach, FL 32250

4. Telephone

(904) 486 6865

5. E-mail address

georgettedumont@gmail.com

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

Seat 5, District 2
City Council

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 _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer

WILLIAM G. HILLEGASS

11. Mailing Address

427 3RD STREET NORTH

12. Telephone

(904) 2460713

13. City

JACKSONVILLE BEACH

14. County

DUVAL

15. State

FL

16. Zip Code

32250

17. E-mail address

BILLH@HCH-CPA.COM

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

19. Name of Bank

WELLS FARGO BANK

20. Address

233 3RD STREET NORTH

21. City

JACKSONVILLE BEACH

22. County

DUVAL

23. State

FLORIDA

24. Zip Code

32250

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

8-8-2017

26. Signature of Candidate

Georgette Dumont

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

I, WILLIAM G. HILLEGASS, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8-8-17

Date

William G. Hillegass
Signature of Campaign Treasurer or Deputy Treasurer