

**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)

Christine Helen Hoffman

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

1086 13th St N
Jacksonville Beach, FL
32250

4. Telephone

(904) 476 6153

5. E-mail address

hoffmanjcxbeach@gmail.com

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

Mayor, Jacksonville Beach

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

Matthew Bothwell

11. Mailing Address

1420 Pinewood Rd

12. Telephone

(904) 386 6640

13. City

Jacksonville Beach

14. County

Duval

15. State

FL

16. Zip Code

32250

17. E-mail address

matthew@bothwelllegal.com

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

19. Name of Bank

Vystar

20. Address

100 3rd St N

21. City

Jacksonville Beach

22. County

Duval

23. State

FL

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

10/1/19

26. Signature of Candidate

X

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

I, Matthew C. Bothwell, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/1/19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

Christine Helen Hoffman

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

1026 13th St N
Jacksonville Beach, FL
32250

4. Telephone

(904) 476 6153

5. E-mail address

hoffmanjacksonbeach@gmail.com

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

Mayor of Jacksonville Beach

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

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Write-In No Party Affiliation _____ Party candidate.

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25. Date

10/1/19

26. Signature of Candidate

X

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

I, Christine Helen Hoffman, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

10/1/19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY



I, Christine Helen Hoffman,
candidate for the office of Mayor of Jacksonville Beach;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

A handwritten signature in black ink, appearing to be "Christine Hoffman", written over a horizontal line.

Signature of Candidate

10/1/19

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).

**City of Jacksonville Beach
2020 Municipal Election**



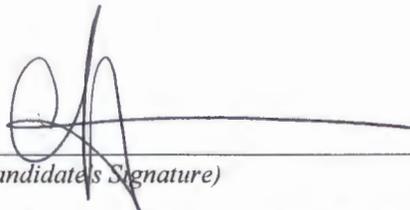
Self-Loan

Date: 10/1/19

TO WHOM IT MAY CONCERN:

I plan to loan myself money during my campaign in the 2020 Municipal Election for the City of Jacksonville Beach Office of:

1. Mayor ✓
2. City Council Member, At-Large: _____
3. City Council Member, District # _____, Seat # _____



(Candidate's Signature)

Christine Hoffman
Name - Please Print

