

**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)

Chris Robertson

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

P.O. Box 701587  
St. Cloud, FL 34770

4. Telephone

( 407 ) 301-8424

5. E-mail address

cbrobertsonandcompany@gmail.com

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

St. Cloud City Council Seat 1

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

Chris Robertson

11. Mailing Address

P.O. Box 701587

12. Telephone

( 407 ) 301-8424

13. City

St. Cloud

14. County

Osceola

15. State

FL

16. Zip Code

34770

17. E-mail address

cbrobertsonandcompany@gmail.com

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

19. Name of Bank

SouthState Bank

20. Address

2819 13th Street

21. City

St. Cloud

22. County

Osceola

23. State

FL

24. Zip Code

34769

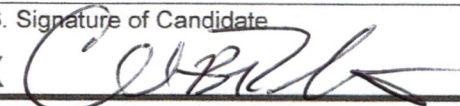
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

5-16-23

26. Signature of Candidate

X



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

I, Chris Robertson, do hereby accept the appointment

(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

5-16-23

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer