

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

(PLEASE PRINT OR TYPE)

RECEIVED

JAN 30 2023

CITY OF PORT RICHEY
FINANCE DEPARTMENT

10:35am

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)

Robert A. Hubbard

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

7515 Grand Blvd
Port Richey, FL 34668

4. Telephone

(352) 584-6431

5. E-mail address

ycaptain1@yahoo.com

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

Mayor City of Port Richey

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

Laurel L Hubbard

11. Mailing Address

7515 Grand Blvd.

12. Telephone

(352) 238-2700

13. City

Port Richey

14. County

Pasco

15. State

FL

16. Zip Code

34668

17. E-mail address

Im lady bu 47@yahoo.com

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

19. Name of Bank

Regions

20. Address

6335 U.S. Hwy. 19

21. City

New Port Richey

22. County

Pasco

23. State

FL

24. Zip Code

34652

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

January 27 2023

26. Signature of Candidate

X Robert Hubbard

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

I, Laurel Hubbard, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

1-27-23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer