

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Joseph E. Cranford,

candidate for the office of City Council;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X


Signature of Candidate

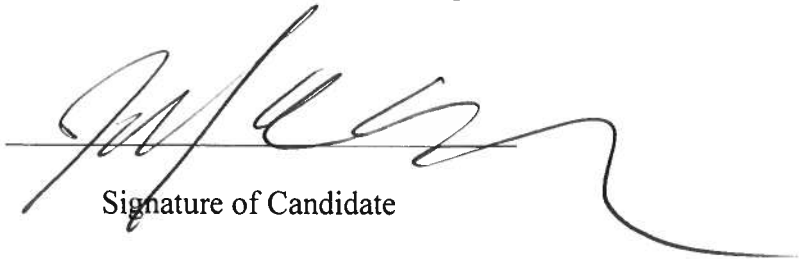
7/13/23
Date

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).

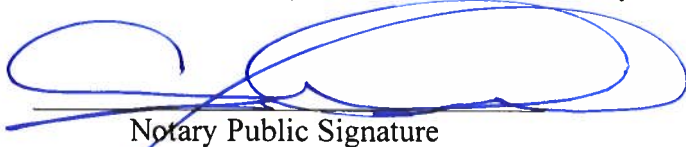
CITY OF PORT ST. LUCIE
ANNOUNCEMENT OF CANDIDACY
FOR PORT ST. LUCIE COUNCIL

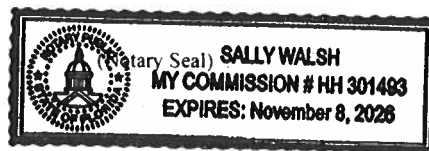
This is to certify that I, Joseph E. Crawford
of (address) 241 SW Oakridge Drive
on this 13 day of July, 2023 announced my candidacy for the office of
City Council, District #4

I certify that I am a citizen of the United States and a resident of the City of Port St. Lucie, Florida. I meet all residency requirements as outlined by City Charter and Ordinances, and, therefore, I am fully qualified to stand for election to the office designated above.


Signature of Candidate

Sworn and subscribed before me this 13TH day of July, 2023
at Port St. Lucie City Hall, in St. Lucie County, Florida.


Notary Public Signature



Voter Registration
ID number

108140963

*** Attach Copy of Voter Registration Card

JUL 13 '23 AM 9:41

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):

Joseph Eric Crawford

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

241 SW Oakridge Drive

4 Telephone

5 E-mail address

(772) 877-4258 gaunt-one@yahoo.com

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

City Council District 4

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

Joseph Eric Crawford

11 Mailing Address

12 Telephone

241 SW Oakridge Drive

(772) 877-4258

13 City 14 County 15 State 16 Zip Code 17 E-mail address

Port St. Lucie St. Lucie

FL

34984

gaunt-one@yahoo.com

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

19 Name of Bank

20 Address

Seacoast

9698 S U.S. Highway 1

21 City 22 County 23 State 24 Zip Code

Port St. Lucie

St. Lucie

Florida

34952

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

7/13/23

X

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

I, Joseph Eric Crawford (Please Print or Type Name) do hereby accept the appointment

designated above as: Campaign Treasurer Deputy Treasurer.

7/13/23

Date

X

Signature of Campaign Treasurer or Deputy Treasurer