

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

RECEIVED

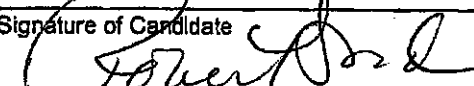
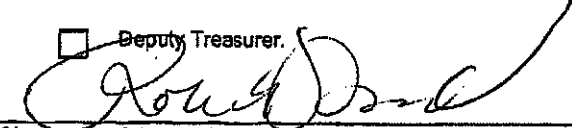
FEB 23 2018 *Ref*

CITY OF PORT ORANGE
CITY CLERK

(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): <input checked="" type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party						
2. Name of Candidate (in this order: First, Middle, Last) <i>ROBERT E. FORD</i>			3. Address (include post office box or street, city, state, zip code) <i>4876 HALIFAX DRIVE PORT ORANGE, FL 32127</i>			
4. Telephone <i>(386) 756 8245</i>		5. E-mail address <i>r.ford37@cf1.or.fl.gov</i>				
6. Office sought (include district, circuit, group number) <i>PORT ORANGE CITY COUNCIL DISTRICT 1</i>			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-in candidate.			
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-in <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.						
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer						
10. Name of Treasurer or Deputy Treasurer <i>ROBERT E. FORD</i>						
11. Mailing Address <i>4876 HALIFAX DRIVE</i>					12. Telephone <i>(386) 756 8245</i>	
13. City <i>PORT ORANGE</i>	14. County <i>VOLUSIA</i>	15. State <i>FL.</i>	16. Zip Code <i>32127</i>	17. E-mail address <i>r.ford37@cf1.or.fl.gov</i>		
18. I have designated the following bank as my <input type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository						
19. Name of Bank <i>SUNTRUST</i>			20. Address <i>3865 SOUTH NOVA ROAD</i>			
21. City <i>PORT ORANGE</i>	22. County <i>VOLUSIA</i>	23. State <i>FLORIDA</i>	24. Zip Code <i>32127</i>			
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 <i>2/23/2018</i>			26. Signature of Candidate <i>X</i> 			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)						
I, <u><i>ROBERT E. FORD</i></u> , do hereby accept the appointment (Please Print or Type Name)						
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.						
<u><i>2/23/2018</i></u> Date			<u><i>X</i></u>  Signature of Campaign Treasurer or Deputy Treasurer			