

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED JUN 03 2020

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 N. BRIDGER

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

407 MAIN TRAIL  
ORMOND BEACH, FL 32174

**4. Telephone**

(386) 1846-4854

**5. E-mail address**

rob.bridger48@gmail.com

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

MAYOR, CITY OF ORMOND 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**

KEN SIPES

**11. Mailing Address**

355 APPLGATE LANDING

**12. Telephone**

(386) 673-7589

**13. City**

ORMOND BEACH

**14. County**

VOLUSIA

**15. State**

FL

**16. Zip Code**

32174

**17. E-mail address**

KSIPES77@gmail.com

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

**19. Name of Bank**

REGIONS BANK

**20. Address**

180 N. NOVA Rd.

**21. City**

ORMOND BEACH

**22. County**

VOLUSIA

**23. State**

FL

**24. Zip Code**

32174

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**

6/2/2020

**26. Signature of Candidate**

X Robert N. Bridger

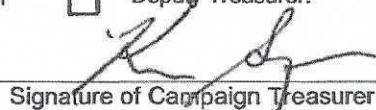
**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, KEN SIPES, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

6/2/2020  
Date

X

  
Signature of Campaign Treasurer or Deputy Treasurer