

**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)

ROBERT N. BRIDGER Rob

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

407 MAIN TRAIL  
ORMOND BEACH, FL 32174

**4. Telephone**

(386) 846-4854

**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**

5/27/2022

**26. Signature of Candidate**

X Rob 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.

5/27/22

Date

X

Signature of Campaign Treasurer or Deputy Treasurer