

**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**

ROB BRIDGER

**11. Mailing Address**

407 MAIN TRAIL

**12. Telephone**

(386) 846-4854

**13. City**

ORMOND BEACH

**14. County**

VOLUSIA

**15. State**

FL

**16. Zip Code**

32174

**17. E-mail address**

rob.bridger48@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, ROB BRIDGER, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer.

☒

Deputy Treasurer.

5/27/2022

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

Rob Bridger