

**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): <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) BRYAN Scott Stiltner			3. Address (include post office box or street, city, state, zip code) 1716 Creekwater Blvd. Port Orange, FL 32128			
4. Telephone (386) 871-4663		5. E-mail address sjstiltner@cfl.r.com				
6. Office sought (include district, circuit, group number) City Council, District IV				7. If a candidate for a nonpartisan office, check if applicable: <input type="checkbox"/> 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 <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 BRYAN Scott Stiltner						
11. Mailing Address 1716 Creekwater Blvd.					12. Telephone (386) 871-4663	
13. City Port Orange		14. County Volusia	15. State FL	16. Zip Code 32128	17. E-mail address sjstiltner@cfl.r.com	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository						
19. Name of Bank SUNTRUST			20. Address 4900 Clyde Morris Blvd.			
21. City Port Orange		22. County Volusia		23. State FLORIDA	24. Zip Code 32129	
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 01-16-18			26. Signature of Candidate <input checked="" type="checkbox"/> Bryan S. Stiltner			
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)						
I, <u>BRYAN Scott Stiltner</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>02-02-18</u> Date			<input checked="" type="checkbox"/> <u>Bryan S. Stiltner</u> Signature of Campaign Treasurer or Deputy Treasurer			

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY



I, BRYAN Scott Stiltner,
candidate for the office of Port Orange, City Council, District IV;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

Bryan Scott Stiltner

Signature of Candidate

02-02-18

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).