

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

RECEIVED

FEB 23 2018

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):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

ROBERT E. FORD

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

4. Telephone

(386) 756 8245

5. E-mail address

rford37@cf1.rr.com

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

PORTORANGE CITY COUNCIL DISTRICT 1

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

ROBERT E. FORD

11. Mailing Address

12. Telephone

(386) 756 8245

13. City

PORT ORANGE

14. County

VOLUSIA

15. State

FL.

16. Zip Code

32127

17. E-mail address

rford37@cf1.rr.com

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

19. Name of Bank

SUNTRUST

20. Address

3865 SOUTH NOVA ROAD

21. City

PORT ORANGE

22. County

VOLUSIA

23. State

FLORIDA

24. Zip Code

32127

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

2/23/2018

26. Signature of Candidate

X 

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

I, ROBERT E. FORD, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/23/2018

Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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I, BOB FORD

candidate for the office of CITY COUNCIL, DISTRICT 1
PORT ORANGE
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 
Signature of Candidate

2/23/2018
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).