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

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

(PLEASE PRINT OR TYPE)

ORL CITY CLERK

MAR1'17 AM8:39

NOTE: This form must be on file with the qualifying officer before opening the campaign account.			GEELGE USE ONLY						
1. CHECK APPROPRIATE BOX(ES):									
☐ Initial Filing of Form F	Re-filing to Change:	Treasurer/D	eputy	Depository		Office		Party	
2. Name of Candidate (in this or		3. Address (include post office box or street, city, state, zip							
4. Telephone 5. E-mail address			code) 1300 ARTHUR ST						
The state of the s			DRLANT	o FL	3280	4			
(401)423.0037 rfstuart8676@gmail.com									
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check						k if			
			applicable:  My intent is to run as a Write-In candidate.						
CICLAMB CITY COUNCID, DIST. >									
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									
FOBERT F STUAM									
11. Mailing Address						r			
13.00 ARTHUR 5. (407) 423 0037  13. City 14. County 15. State 16. Zip Code 17. E-mail address									
13. City 14	County 15.	-	Zip Code	17. E-mail a			١.		
	RANGE F	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN	2804	rfstuarts	Branch Street			1	
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank			20. Address   190  EDGEWATER DR   24. Zip Code						
BERIA BANK		19	O EDG	EMMEIL	UK	24. Zip C	`odo		
21. City	22. County		23. State			3280			
OFLANDO		THE FORESO	MANAGEMENT AND ADDRESS OF THE PARTY OF THE P	D ADDOINTMEN	IT OF CA			FR AND	
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		26. Sign	ature of Car	ndidate					
3/1/2017		X	Em)	Strunt		CA STATE OF THE ST	strand the vete		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I, ROBERT F STUART (Please Print or Type Name)			, do hereby accept the appointment						
designated above as:		77	> \ \ -	-					
X Curt/Virun Signature of Campaign Treasurer or Deputy Treasurer									
<b>✓ ✓</b> Date		Signatur	e of Campa	ign i reasurer	or Debi	uty Treast	irer		