

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

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

(PLEASE PRINT OR TYPE)

16-04-22 11:01 RCVD



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)

Anita S. Bradford

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

*2813 Amber Ridge St.
Deltona FL 32725*

4. Telephone

(386) 753-4654

5. E-mail address

abradsford104@gmail.com

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

City Commissioner District 2

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

Anita Bradford

11. Mailing Address

PO Box 390244

12. Telephone

(321) 217-9369

13. City

Deltona

14. County

Volusia

15. State

FL

16. Zip Code

32789

17. E-mail address

abradsford104@gmail.com

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

19. Name of Bank

Fairwinds Credit Union

20. Address

5020 W. State Road 46

21. City

Sanford

22. County

Volusia Seminole

23. State

FL

24. Zip Code

32771

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

4/22/2016

26. Signature of Candidate

X Anita Bradford

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

I, *Anita Bradford*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4/22/2016

Date

X Anita Bradford

Signature of Campaign Treasurer or Deputy Treasurer

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

16-04-22 08:35 RCVD

(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)

Anita S. Bradford

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

P.O. Box 390244
Deltona FL 32739

4. Telephone

(386) 753-4654

5. E-mail address

abradsford104@gmail.com

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

City Council
District 2

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 ^{ASB} No Party Affiliation Democrat Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Anita Bradford

11. Mailing Address

Po Box 390244

12. Telephone

()

13. City

Deltona

14. County

Volusia

15. State

FL

16. Zip Code

32739

17. E-mail address

abradsford104@gmail.com

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

19. Name of Bank

Fairwinds Credit Union

20. Address

5020 W. State Road 46

21. City

Sanford

22. County

SEMIWOLE

23. State

FL

24. Zip Code

32771

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

4-22-2016

26. Signature of Candidate

X Anita Bradford

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

I, Anita Bradford, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

4-22-2016

Date

X Anita Bradford

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

16-04-22 09:35 RCVD

I, Anita S. Bradford,

candidate for the office of City Commissioner District 2;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Anita Bradford
Signature of Candidate

4/22/2016
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).