

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

CITY CLERK

5 JUN'24 PM 8:30:05

CITY OF NORTH PORT

NOTE: This form must be on file with the filing 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):
(Please Print or Type Name)

DAVID LOUIS DUVAL

3. Address (include PO Box or Street, City, State, Zip Code):

1270 OREGON LANE
NORTH PORT, FL. 34286

4. Telephone:

(941) 705 6868

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

ICTEK@AOL.COM

7. Office Sought (include district, circuit, group, or seat #):

CITY COMMISSIONER DISTRICT 3

8. If a candidate for a nonpartisan office, check the box if applicable:

I intend to run as a Write-In Candidate.

9. If a candidate for partisan office, check the box and fill in the name of the party as applicable: I intend to run as a

Write-In Candidate. No Party Affiliation Candidate. _____ Party candidate.

10. I have appointed the following person to act as my:

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

12. Telephone:

()

13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

18. I have designated the following bank as my (check appropriate box): Primary Depository Secondary Depository

19. Name of Bank:

TRUIST

20. Address:

5900 NORTH PORT BLVD

21. City:

NORTH PORT

22. County:

SARASOTA

23. State:

FL.

24. Zip Code:

34287

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR THE APPOINTMENT OF THE CAMPAIGN TREASURER AND DESIGNATION OF THE CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date:

6-5-2024

26. Signature of Candidate:

X David L. Duval

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

I, DAVID L. DUVAL do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

6-5-2024

29. Signature of Campaign Treasurer or Deputy Treasurer

X David L. Duval

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY CLERK

5 JUN'24 PM 3:30:11

CITY OF NORTH PORT

I, DAVID LOUIS DUVAL,

candidate for the office of CITY COMMISSIONER, DISTRICT 3;

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

X David L. Duval
Signature of Candidate

6-5-2024
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).