

**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.

1. CHECK APPROPRIATE BOX(ES):

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

OFFICE USE ONLY

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

CARYN (HALL) YOST-RUDGE

4. Telephone

(772) 485-8440

5. E-mail address
chyr@hotmail.com

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

950 S Kanner Hwy
E-24
Stuart, FL 34994

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

Group IV (Dist 18-19th circ.)

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

CARYN HALL YOST-RUDGE

11. Mailing Address

950 Sw Kanner Highway

12. Telephone

()

13. City

STUART

14. County

MARTIN

15. State

FL

16. Zip Code

34994

17. E-mail address

chyr@hotmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Sealeast Bank 815 S. Colorado Ave

21. City

Stuart

22. County

Martin

23. State

Florida

24. Zip Code

34994

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

6/9/2020

26. Signature of Candidate



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

I, CARYN (HALL) YOST-RUDGE

(Please Print or Type Name)

designated above as:

Campaign Treasurer Deputy Treasurer

_____, do hereby accept the appointment

6/9/2020

Date


Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED
JUN 09 2020
LINK clerk

RECEIVED
MAR 20 2020
BY: mk

OFFICE USE ONLY

STATEMENT OF CANDIDATE

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

~~RECEIVED
MAR 20 2020
BY: mk~~
Bjorn

I, CARYN HALL YOST-RUDGE,
candidate for the office of Commissioner Seat IV;

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

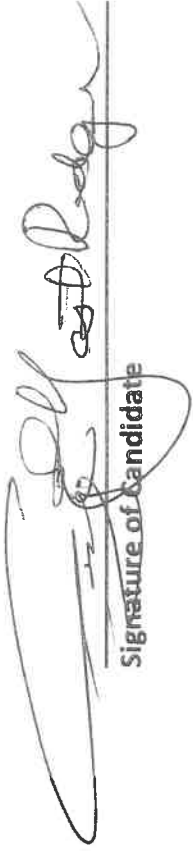
X [Signature] 2/13/2020
Signature of Candidate Date

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).

CITY OF STUART 2020 ELECTION CANDIDATE
OATH OF RESIDENCY

STATE OF FLORIDA
COUNTY OF MARTIN

Before me this day personally appeared CARYN HALL YOST-RUDGE
who being duly sworn, deposes and says he/she has maintained a continuous residency
within the City of Stuart for more that twelve (12) months preceding the election. (Sec 7.03.)
Qualifying.


Signature of Candidate

Sworn to (or affirmed) and subscribed before me by means of physical presence or online
notarization, this 19 day of Feb, 2020 by _____.

Personally Known OR Produced Identification
Type of Identification Produced DL FL

Signature of Notary Public: Rochelle Marie
Commission Expires: 2/17/2022

Notary Seal:



**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a
write-in candidate:

Write-in candidate

OFFICE USE ONLY



Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, CARYN HALL

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of COMMISSIONER

18

(District #)

19, IV

(Office)

Martin

(Circuit #) ; I am a qualified elector of

County, Florida;

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 105801456

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

HALL

X [Signature] 1772 485 0440 chyr@hotmail.com
Signature of Candidate Telephone Number Email Address con

950 Spenser E-24 Stuart, FL 34994
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF MARTIN

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 9th
day of June, 2020.

Personally Known: _____ or Produced Identification:

Type of Identification Produced: FL ID Card



NOTICE TO CANDIDATE:
LOGIC AND ACCURACY TESTING OF VOTING
EQUIPMENT
DATES & TIMES

I, Cary Hall Post Ridge Candidate for the Stuart City Commission hereby
(Print Name)

acknowledge that:

- I am an official Candidate for the Stuart City Commission, Group II.
- I have received a copy of the official Candidate Calendar for the Notice of Logic and Accuracy Testing of Voting Equipment” listing the dates, times and location of the testing of the voting equipment, for the City of Stuart General Election and if necessary, the dates, times and location of the testing of the voting equipment for a Run-Off Election. F.S. 101.5612(2)

SIGNATURE: [Signature] DATE: 6/9/2020

RECEIVED
JUN 09 2020
Clerk