

**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.



OFFICE USE ONLY

<input checked="" type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party	
2. Name of Candidate (in this order: First, Middle, Last) Troy McDonald	
4. Telephone (772) 260-9458	5. E-mail address troyamcdonald@me.com
3. Address (include post office box or street, city, state, zip code) 308 SW Dyer Drive Stuart, FL 34994	
6. Office sought (include district, circuit, group number) City of Stuart Commissioner, Group 4	
7. If a candidate for a nonpartisan office, check if applicable: <input type="checkbox"/> 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 <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> Party candidate.	
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer Troy McDonald	
11. Mailing Address 308 SW Dyer Drive	12. Telephone (772) 260-9458
13. City Stuart	14. County Martin
15. State FL	16. Zip Code 34994
17. E-mail address Troyamcdonald@me.com	
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository	
19. Name of Bank Centerstate Bank	
20. Address 2400 SE Monterey Road	23. State FL
21. City Stuart	22. County Martin County
24. Zip Code 34994	26. Signature of Candidate <div style="text-align: center;"> X </div>
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 01-29-2020	27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) I, (Please Print or Type Name) Troy McDonald, do hereby accept the appointment designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.
Date 01-29-2020	Signature of Campaign Treasurer or Deputy Treasurer <div style="text-align: center;"> X </div>

**STATEMENT OF
CANDIDATE**

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

OFFICE USE ONLY

RECEIVED
JAN 29 2020
BY: *AAK Cled*

I, Troy McDonald,
candidate for the office of City Commissioner Group 4;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

01/29/2020


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 Troy McDonald
who being duly sworn, deposes and says he/she has maintained a continuous residency
within the City of Stuart for more than twelve (12) months preceding the election. (Sec 7.03.)
Qualifying.

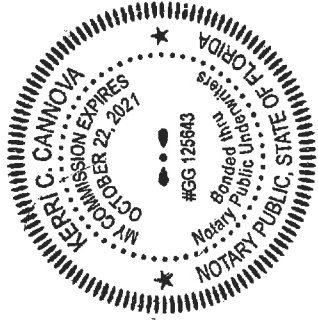


Signature of Candidate

Sworn to (or affirmed) and subscribed before me by means of physical presence or online
notarization, this 5 day of June, 2020 by Troy McDonald.

Personally Known OR Produced Identification
Type of Identification Produced _____

Signature of Notary Public: Kerri C. Camacho
Commission Expires: 10/22/2021



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, **Troy McDonald**

(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 **Stuart City Commissioner** (Office) (District #)

4 (Circuit #) ; I am a qualified elector of **Stuart, Martin** County, Florida; (Group or Seat #)

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): **105839262**

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.]*

X (772) 260-9458
Signature of Candidate Telephone Number

Troyamcdonald@me.com
Email Address

308 SW Dyer Drive
Address

Florida
State

34994
ZIP Code

Stuart
City

STATE OF FLORIDA

COUNTY OF Martin



Sworn to (or affirmed) and subscribed before me this **8-14** day of **June**, 20**20**.

Personally Known: or Produced Identification: _____
Type of Identification Produced: _____

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

I, Troy McDonald, Candidate for the Stuart City Commission hereby
(Print Name)

acknowledge that:

- I am an official Candidate for the Stuart City Commission, Group 4.
- 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:  DATE: 6/5/20

