

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

CITY CLERK

19 DEC 23 AM 9:20:48

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)

BARBARA ANNE LANGDON

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

4086 BILLINGHAM LANE  
NORTH PORT, FL 34288

4. Telephone:

(603) 493-1331

5. Candidate's Voter Registration #:

(not required for qualifying purposes)

6. Email Address:

BARBARA.LANGDON2@gmail.com

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

NP CITY COMMISSION - DISTRICT 2

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:

EILEEN BARTOLOTTA

12. Telephone:

(516) 380-5244

13. Email Address:

EILEEN.MURPHYTRANS@gmail.com

14. Mailing Address:

4411 BOTWICK ST.

15. City:

NORTH PORT

16. State:

FL

17. Zip Code:

34291

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: 12/15/2023

26. Signature of Candidate:

X 

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

I, EILEEN BARTOLOTTA do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 12/18/2023

29. Signature of Campaign Treasurer or Deputy Treasurer

X 

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY CLERK  
19 DEC 28 AM 9:20:41  
CITY OF NORTH PORT

I, BARBARA ANNE LANGDON,  
candidate for the office of NORTH PORT CITY COMMISSION <sup>DISTRICT 2</sup>;

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

X Barbara A. Langdon  
Signature of Candidate

12/15/2023  
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).