

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED BY**

FEB 02 2025 @ 10:03 dd

BARTOW CITY CLERK'S OFFICE

**OFFICE USE ONLY**

**NOTE: This form must be on file with the filing officer before opening the campaign account.**

**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)

Gary Ball

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

P.O. Box 133  
Bartow, FL 33831

**4. Telephone:**

( 863 ) 514-7904

**5. Candidate's Voter Registration #:**

113544616

(not required for qualifying purposes)

**6. Email Address:**

garyball4cob@gmail.com

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

Bartow City Commissioner Seat #4

**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:**

Jessica F Ball

**12. Telephone:**

( 863 ) 241-5391

**13. Email Address:**

jessicaball10@aol.com

**14. Mailing Address:**

P.O. Box 133

**15. City:**

Bartow

**16. State:**

FL

**17. Zip Code:**

33831

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

**19. Name of Bank:**

Southstate Bank

**20. Address:**

1375 N. Broadway Ave.

**21. City:**

Bartow

**22. County:**

United States

**23. State:**

FL

**24. Zip Code:**

33830

**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:** February 2, 2026

**26. Signature of Candidate:**

X

*Gary Ball*

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

I, Jessica F Ball do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** February 2, 2026

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X

*Jessica F Ball*

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**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

GARY BALL

**3. Address** (include PO Box or Street, City, State, Zip Code):  
P.O. Box 133  
Bartow, FL 33831

**4. Telephone:**

( 863 ) 514-7904

**5. Candidate's Voter Registration #:**

113544616

(not required for qualifying purposes)

**6. Email Address:**

garyball4cob@gmail.com

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Campaign Treasurer



Deputy Treasurer

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**25. Date:** February 2, 2026

**26. Signature of Candidate:**

X

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

I, Gary Ball do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:** February 2, 2026

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X

**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

SECTION 1.g

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BARTOW CITY CLERK'S OFFICE

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Gary Ball

Check box if two last names without hyphen.  (Name cannot be changed after qualifying.)

Check box if name includes nickname.  (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Bartow City Commissioner AT LARGE  
(Office) (District #)  
—, 4; I am a qualified elector of Polk County, Florida.  
(Circuit #) (Group or Seat #)

I am a qualified elector 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.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do \_\_\_\_\_ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] (863) 514-7904 garyball4cob@gmail.com  
Signature of Candidate Telephone Number Email Address  
1405 W. McLeod St. Bartow FL 33830  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Polk

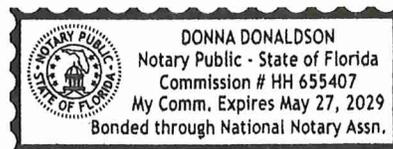
[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence

this 2nd day of February, 2026.

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_



**Phonetic Spelling of Name**

**Phonetic spelling for the audio ballot** (not required for qualifying purposes): Print the 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 3 of this form):

GAIR-ee BAWL

**Statement of Outstanding Fines, Fees or Penalties**

**Pursuant to Section 99.021(1)(d), F.S.,** each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
\$0.00	

**Affidavit of Nickname** (Only required if using nickname for the ballot.)

My legal name is Gary Ball. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is N/A. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

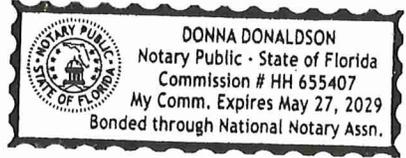
Signature of Candidate: [Handwritten Signature]

STATE OF FLORIDA  
COUNTY OF Polk

[Handwritten Signature]

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

Sworn to (or affirmed) and subscribed before me by means of online notarization  OR physical presence  this 2nd day of February, 2026.  
Personally Known  OR Produced Identification   
Type of Identification Produced: \_\_\_\_\_



**STATEMENT OF CANDIDATE**

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

OFFICE USE ONLY

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FEB 02 2023 @ 10:03am dd

BARTOW CITY CLERK'S OFFICE

I, Gary Ball,

candidate for the office of Bartow City Commissioner Seat #4;

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

X



Signature of Candidate

February 2, 2026

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).



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BARTOW CITY CLERK'S OFFICE

**FORM COB-51 - CITY OF BARTOW  
AFFIDAVIT OF CITY COMMISSION CANDIDATE  
BARTOW, FLORIDA 33830  
(Section 34-2 – Code of Ordinances)**

STATE OF FLORIDA

COUNTY OF POLK

On this day, personally appeared before me, the undersigned authority,

Gary Ball

being by me duly sworn, an oath stating:

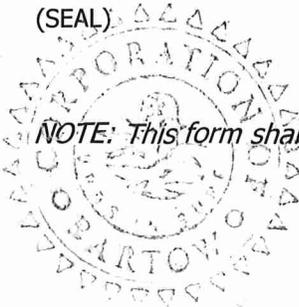
1. That he/she is a qualified elector of the City of Bartow, Florida.
2. That he/she has been a resident of the City continuously for eighteen (18) months immediately preceding the date of commencement of the term of office for which he/she seeks election.
3. That he/she will hold no public office except that of a Notary Public, an officer in the National Guard, or an officer in the Organized Reserves of the Armed Forces of the United States, upon commencement of the term of office for which he/she seeks election.
4. That he/she not become and is not a candidate as a nominee or representative of any political party or any convention representing or acting for any political party.
5. That he/she is seeking election to Seat No. 4 and that he/she resides in the AT LARGE District of the City if seeking election in Seat 2, 3, or 5.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me X physical presence or \_\_\_ online notarization this 2nd day of February, 2026.

\_\_\_\_\_  
CITY CLERK OR DESIGNEE

(SEAL)



*NOTE: This form shall be filed with the City Clerk or her Designee of the City of Bartow, Florida.*

FEB 02 2025

BARTOW CITY CLERK'S OFFICE

JP 4:34 PM

2025 Form 1 - Statement of Financial Interests

Filed with COE: 02/02/2026

General Information

Name: Everett Gary Ball

CONFIDENTIAL

PID 303997

AGENCY INFORMATION

Organization	Suborganization	Title
Bartow	City Commission	CITY COMMISSIONER

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	CITY OF BARTOW	CITY COMMISSIONER SEAT 4

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
GALENCARE INC	119 OAKFIELD DR, BRANDON, FL	HEALTHCARE
CITY OF BARTOW	450 N WILSON AVE, BARTOW, FL	CITY COMMISSIONER

**Secondary Sources of Income**

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

**Real Property**

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

**Intangible Personal Property**

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
STATE OF FLORIDA RETIREMENT ACCOUNT	FRS INVESTMENT PLAN
EDWARD JONES	IRA
VOYA	401K

# 2025 Form 1 - Statement of Financial Interests

Filed with COE: 02/02/2026

## Liabilities

LIABILITIES (Major debts valued over \$10,000):  
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
CITIZENS BANK	P.O. BOX 42020 PROVIDENCE, RI
MAHINDRA FINANCE	P.O. BOX 2000, JOHNSON, IA
SOUTHSTATE BANK	1375 N BROADWAY AVE, BARTOW, FL

## Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)  
(If you have nothing to report, write "none" or "n/a")

### Business Entity # 1

N/A

## Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

**Signature of Filer**

***Everett Gary Ball***

Digitally signed: 02/02/2026

Filed with COE: 02/02/2026