

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

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

(PLEASE PRINT OR TYPE)

RECEIVED BY

FEB 06 2026

BARTOW CITY CLERK'S OFFICE

RP
3:25 pm

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)

Randal Niles

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

845 S. Oakwood Loop
Bartow, FL 33830

4. Telephone:

(630) 675-5682

5. Candidate's Voter Registration #:

124883633
(not required for qualifying purposes)

6. Email Address:

rpniles@hotmail.com

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

Seat 4 At large
city commission

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:

REBECCA NILES

12. Telephone:

(773) 230-0688

13. Email Address:

fatkitty13@hotmail.com

14. Mailing Address:

845 S. Oakwood Loop

15. City:

Bartow

16. State:

FL

17. Zip Code:

33830

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

19. Name of Bank:

MidFlorida

20. Address:

105 E. Van Fleet Dr.

21. City:

Bartow

22. County:

Polk

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 6, 2026

26. Signature of Candidate:

X *Randal Niles*

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

I, Rebecca Niles do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

02/06/2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X *Rebecca Niles*

**APPOINTMENT OF CAMPAIGN TREASURER
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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)

RANDAL NILES

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

845 S. OAKWOOD LOOP

BARTOW FL 33830

4. Telephone:

(630) 675 5682

5. Candidate's Voter Registration #:

124883633

(not required for qualifying purposes)

6. Email Address:

rpniles@hotmail.com

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

*Seat 4 / At Large
City Commission*

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

1. Name of Treasurer or Deputy Treasurer:

RANDAL NILES

12. Telephone:

(630) 675 5682

13. Email Address:

rpniles@hotmail.com

14. Mailing Address:

845 S. OAKWOOD LOOP

15. City:

Bartow

16. State:

FL

17. Zip Code:

33830

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

19. Name of Bank:

MID FLORIDA

20. Address:

105E Van Fleet DR

21. City:

BARTOW

22. County:

Polk

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:

02/06/2026

26. Signature of Candidate:

X Randal Niles

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

I, *RANDAL NILES* do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

8. Date:

02/06/2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X Randal Niles

CANDIDATE OATH

SECTION 1.g

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

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FEB 06 2023

BARTOW CITY CLERK'S OFFICE

Handwritten initials and time: JP 4:01 pm

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Randy Niles

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 City Council At large Seat #4 (Office) (District #)

4 (Circuit #); I am a qualified elector of Polk County, Florida (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.

Signature of Candidate: Randy Niles

Telephone Number: 1630 675-5682

Email Address: rpniles@hotmail.com

Address of Legal Residence: 845 S. Oakwood Loop

City: Bartow

State: FL

ZIP Code: 33830

STATE OF FLORIDA

COUNTY OF Polk

Signature of Notary Public: Savannah Miller

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

Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence this 6 day of February, 2026

Personally Known OR Produced Identification Type of Identification Produced: FL-DL



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):

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

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

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

My nickname is Randy. 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: *Randal P. Niles*

STATE OF FLORIDA
COUNTY OF Polk

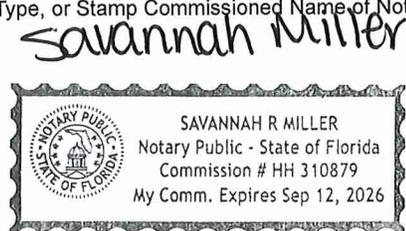
Sworn to (or affirmed) and subscribed before me by means
of online notarization OR physical presence

this 6 day of February, 2026

Personally Known OR Produced Identification

Type of Identification Produced: FL-DL

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



OFFICE USE ONLY

RECEIVED BY

FEB 06 2026

BARTOW CITY CLERK'S OFFICE

JP 4:21 pm

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

I, Randal Niles,

candidate for the office of City Council Seat 4 At Large;

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

X *Randal Niles*
Signature of Candidate

02/06/2026
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).



RECEIVED BY
FEB 06 2020
BARTOW CITY CLERK'S OFFICE

[Handwritten signature]
4:21 PM

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,

Randal Niles

being by me duly sworn, an oath stating:

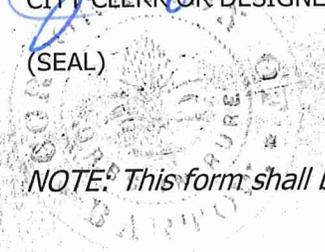
1. That he/she is a qualified elector of the City of Bartow, Florida.
2. That he/she has been a resident of the City continuously for eighteen (18) months immediately preceding the date of commencement of the term of office for which he/she seeks election.
3. That he/she will hold no public office except 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.

[Handwritten signature]
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me physical presence or online notarization this 6 day of February, 2026.

[Handwritten signature]
CITY CLERK OR DESIGNEE

(SEAL)



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

2025 Form 1 - Statement of Financial Interests

RECEIVED BY

FEB 06 2023

BARTOW CITY CLERK'S OFFICE

J H:01 PM

General Information

Name: Mr Randal Niles

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	BARTOW CITY COUNCIL MEMBER, SEAT 4, BARTOW, POLK COUNTY, FL	SEAT 4 AT LARGE

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
ILLINOIS MUNICIPAL RETIREMENT FUND	800 COMMERCE DR, OAK BROOK, IL 60523	RETIREMENT FUND
BAYCARE HEALTH SYS AGENT FOR BARTOW REGIONAL MED CENTER	2985 DREW ST, CLEARWATER, FL 33759	HOSPITAL

2025 Form 1 - Statement of Financial Interests

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
401K	BAYCARE 401K PLAN

2025 Form 1 - Statement of Financial Interests

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
N/A	

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

Signature of Filer

Randal Niles

Digitally signed: 02/06/2026