

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2026 MAR 20 PM 3:40

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)

Darryl M. Alfred, Jr.  
(Dar Wavemaker Alfred)

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

814 W Tharpe St

**4. Telephone:**

(850) 284-3302

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

119858857

(not required for qualifying purposes)

**6. Email Address:**

darforallahassee.com

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

City Commission Seat 3

**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:**

Darryl Alfred

**12. Telephone:**

(850) 284 3302

**13. Email Address:**

darwavemaker@gmail.com

**14. Mailing Address:**

814 Tharpe St

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32303

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

**19. Name of Bank:**

First Commerce

**20. Address:**

1741 Old Saint Augustine Rd.

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

FL

**24. Zip Code:**

32301

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:**

3/20/26

**26. Signature of Candidate:**

X

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

I, Darryl M. Alfred, Jr. do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

3.20.26

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

X

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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LEON COUNTY, FLORIDA

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I, Dar Wavemaker,  
candidate for the office of Tallahassee City Commission Seat 3  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X

  
Signature of Candidate

3.20.26

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).