

**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 JUN 11 PM 3:13

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 "Dar Wavemaker" Alfred

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

814 W Tharpe St

4. Telephone:

()

5. Candidate's Voter Registration #:

119858857

(not required for qualifying purposes)

6. Email Address:

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

Tallahassee
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:

12. Telephone:

()

13. Email Address:

14. Mailing Address:

15. City:

16. State:

17. Zip Code:

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

19. Name of Bank:

20. Address:

21. City:

22. County:

23. State:

24. Zip Code:

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:

6/11/26

26. Signature of Candidate:

X



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

I, _____ do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

29. Signature of Campaign Treasurer or Deputy Treasurer

X

**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)

RECEIVED
SUPERVISOR'S OFFICE
LEON COUNTY, FLORIDA

2026 MAR 20 PM 3:40

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).

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

RECEIVED
CLERK OF ELECTIONS
LEON COUNTY, FLORIDA

2026 JUN 11 P 3:10

OFFICE USE ONLY

Name to appear on ballot: Darryl 'Dar Wavemaker' Alfred

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

Check box if name includes nickname. (To use nickname, you must complete the Affidavit of Nickname on page 2 of this form.)

I swear or affirm that I am a candidate for the nonpartisan office of Tallahassee City Commission
(Office)

 (District #), (Circuit #), 3 (Group or Seat #); I am a qualified elector of Leon County, Florida;

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.

I swear or affirm, in addition to being a citizen of the United States, that: (Check applicable box.)

I am not a citizen of another country. I am a citizen of another country, specifically _____

Statement of Legal Name Change: I have not legally changed my name through a petition pursuant to s. 68.07, F.S., during the 365-day period preceding the beginning of qualifying. (This does not apply to any change of name in proceedings for dissolution of marriage or adoption of children or based on a change of name conducted with a marriage certificate.)

Statement of Outstanding Fines, Fees, or Penalties: (Check applicable box. If you do owe more than \$250, you must also specify the amount owed and each entity that levied the same on page 2 of this form.)

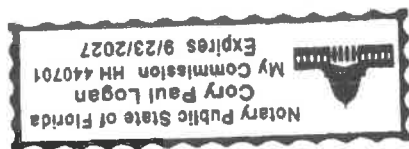
I do not / I do owe outstanding fines, fees, or penalties that cumulatively exceed \$250, for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106. (s. 99.021(1)(d), F.S.)

[Signature]
Signature of Candidate
814 W Tharpe Street
Address of Legal Residence
(850) 284-3302
Telephone Number
Tallahassee
City
darwavemaker@gmail.com
Email Address
darferatallahassee@gmail.com
Email Address
FL
State
32303
ZIP Code

STATE OF FLORIDA
COUNTY OF Leon

[Signature]
Signature of Officer Administering Oath
Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 11th day of June, 2026.
Type of Identification Produced: FL DL



Phonetic Spelling of Name
(Not required for qualifying)

Print the name phonetically on the line below as you wish your name to be pronounced on the audio ballot that may be used by persons with disabilities (see attached Guide for Phonetic Spelling).

D- AHR WAI-VE MAI-KUHR ALFRED

Detailed Statement of Outstanding Fines, Fees, or Penalties
(Continued)

Amount	Entity

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

My legal name is Darryl M. Alfred, Jr. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Dar Wavemaker. 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.

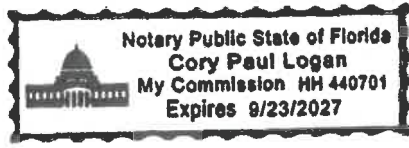
Signature of Candidate: 

STATE OF FLORIDA

COUNTY OF Leon


Signature of Officer Administering Oath
Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 11th day of June, 2026.
Type of Identification Produced: FL DL



RECEIVED
SUPERVISOR OF ELECTIONS
TALAHASSEE COUNTY, FLORIDA

2026 JUN 11 P 3:10

City of Tallahassee Municipal Candidate Affidavit of Residency

State of Florida

County of Leon

Before me, an officer authorized to administer oaths and take acknowledgments, personally appeared Barnyl Dar Wavemaker Alfred, who being first duly sworn says that he or she is a candidate for Seat No. 3 in the municipal election held in the year 2026 and has been a registered elector of the City of Tallahassee, or of an area annexed into the corporate limits of the City of Tallahassee, or any combination thereof, for the period of at least 365 days prior to the first day of the qualifying period.

Signature of Candidate

Sworn to (or affirmed) and subscribed before me by means of

Online Notarization OR Physical Presence
this 11th day of June, A.D., 2026.

Personally Known OR Produced Identification
Type of Identification Provided FL DL

Signature of Notary Public
Print, type, or stamp name of notary below



Mark S. Earley
Supervisor of Elections
Leon County, Florida

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2026 JUN 11 P 3:10

RECEIPT FOR QUALIFYING FEE

Received this 11th day of June, 2026 from Darryl DuWavemake Alfred
(Candidate's name)
campaign check number 0104 in the amount of \$ 3,966.67, made payable to
the Leon County Supervisor of Elections, the qualifying fee for the office of
Tallahassee City Commission, Seat 3.

(Office sought)


SOE Staff Signature

QUALIFYING FEES

Office	Qualifying Fee
Leon County Judge	\$7,441.35
Leon County Commission	\$3,966.67
Leon County School Board	\$1,926.96
City of Tallahassee Mayor	\$3,966.67
Tallahassee City Commission	\$3,966.67
Leon Soil & Water Conservation District Supervisor	\$25.00
Capital Region Community Development District (CDD)	\$25.00
Piney-Z Community Development District (CDD)	\$25.00
Canopy Community Development District (CDC)	\$25.00
Fallschase Community Development District (CDD)	\$25.00

*Note:

1. All local offices up for election this year are nonpartisan, which is why there are not multiple qualifying fee options.
2. The qualifying fees are based on a percentage of the salary as of July 1, 2025 per 99.092(1) F.S.
3. The qualifying fee for a candidate running for a **non-partisan county office** or as a **NPA candidate for partisan office** (excluding CDDs and Special Districts) is 4% of the annual salary of the office (3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
4. No fee shall be returned to the candidate unless the candidate withdraws his/her candidacy prior to the end of qualifying per 99.092(1) F.S.

RECEIVED
 DIVISION OF ELECTIONS
 BREVARD COUNTY, FLORIDA

General Information 2026 JUN 11 P 3:10

Name: Mr Darryl M Alfred Jr

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)	City Commission	Seat 3

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
Uber Technologies	1725 3rd Street San Francisco, CA 94158	Driver
Amazon	410 Terry Ave N Seattle, WA 98109	Driver
Lyft	185 Berry Street, Suite 400 San Francisco, CA 94107	Driver
Big Bend Realty	1520 Killearn Center Blvd, Suite 100 Tallahassee, FL 32309	Realtor

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
N/A	

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

Darryl M Alfred Jr

Digitally signed: 06/10/2026