

**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

2025 SEP 24 PM 1:43

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)

Loranne Elizabeth Ausley

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

826 Washington Street  
Tallahassee, FL 32303

**4. Telephone:**

(850 ) 459.1469

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

105099790

(not required for qualifying purposes)

**6. Email Address:**

loranne@ausley.net

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

Mayor City of Tallahassee 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:**

Benjamin Estes

**12. Telephone:**

(850 ) 879 3236

**13. Email Address:**

benjamin.scott.estes@gmail.com

**14. Mailing Address:**

P.O. Box 1655

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32302

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

**19. Name of Bank:**

Capital City Bank

**20. Address:**

217 N Calhoun St

**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:** 9/24/25

**26. Signature of Candidate:**

X 

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

I, Benjamin Estes

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.

☒ Deputy Treasurer.

**28. Date:** 9/23/35

**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.)

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SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2025 SEP 19 PM 3:56

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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)

Loranne Elizabeth Ausley

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

826 Washington Street  
Tallahassee, FL 32303

**4. Telephone:**

(850 ) 459.1469

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

105099790

(not required for qualifying purposes)

**6. Email Address:**

loranne@ausley.net

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

City of Tallahassee Mayor, 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:**

William H. Hollimon

**12. Telephone:**

(850 ) 320.8515

**13. Email Address:**

bill@hollimonpa.com

**14. Mailing Address:**

826 Washington 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:**

Capital City Bank

**20. Address:**

217 N Calhoun St

**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:**

9/19/25

**26. Signature of Candidate:**

X *Loranne Ausley*

**27.**

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

I, William Hollimon do hereby accept the appointment designated above as:

(Please Print or Type Name)

☒ Campaign Treasurer.

☐ Deputy Treasurer.

**28. Date:**

9/19/25

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

X *Will Hollimon*

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY  
RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2025 SEP 19 PM 3:56

I, Loranne Elizabeth Ausley,

candidate for the office of Mayor City of Tallahassee;

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

X

Loranne Ausley  
Signature of Candidate

9/19/25  
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).