

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

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

(PLEASE PRINT OR TYPE)

RECEIVED
DIVISION OF ELECTIONS
HIGHLAND COUNTY, FLORIDA
2026 JUN -8 P 12:14

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)

Rhod Jean Michlet Fenelus

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

2856 Crestline Road
Tallahassee, FL 32308

4. Telephone:

(305) 742-7319

5. Candidate's Voter Registration #:

120 437 352

(not required for qualifying purposes)

6. Email Address:

rfenelus92@gmail.com

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

Canopy Development District
Seat # 1

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:

do not intend to raise funds

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:

June 8th, 2026

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:

June 8th, 2026

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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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2026 JUN -8 P 12:14

OFFICE USE ONLY

I, Rhod Jean Michlet Fenelus,

candidate for the office of Lanopy Community Development District (LCD) ^{Seat #1};

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

I swear or affirm that I meet, or will meet at the time of election for the office sought or at the time of assuming the office, as applicable, all statutory and constitutional qualifications for the office sought.

[Handwritten Signature]

Signature of Candidate

June 8th, 2026

Date

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 8th day of June, 2026

Personally Known OR Produced Identification Type of Identification Produced: FL Driver License

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

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LEON COUNTY, FLORIDA OFFICE USE ONLY

Name to appear on ballot: Rhod Jean Michlet Fenelus

- 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 Canopy Community Development District,
(Office)

1 ; I am a qualified elector of Leon County, Florida;
(District #) (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.

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] (305) 742-7319 rfenelus92@gmail.com
Signature of Candidate Telephone Number Email Address
2856 Crestline Road Tallahassee FL 32308
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
COUNTY OF LEON

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

Sworn to (or affirmed) and subscribed before me by means of
online notarization OR physical presence
this 8th day of JUNE, 2026



Type of Identification Produced: FL Driver License

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).

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

<i>Amount</i>	<i>Entity</i>

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

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

My nickname is _____ 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 _____

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 _____ day of _____, 20____.

Type of Identification Produced: _____

2025 Form 1 - Statement of Financial Interests

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

General Information

Name: Mr Rhod Jean Michlet Fenelus

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Special District	Canopy CDD	Seat One or Two

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
Aviata Health Group	1650 Phillips Road Tallahassee FL 32308	W2

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Secondary Sources of Income

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LEON COUNTY, FLORIDA

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	

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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

Rhod Jean Michlet Fenelus

Digitally signed: 06/08/2026