

**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 12 AM 10:52

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)

Michael T. Glantz

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

3781 Chanticleer Court
Tallahassee, FL 32311

4. Telephone:

(850) 510-1817

5. Candidate's Voter Registration #:

105066937

(not required for qualifying purposes)

6. Email Address:

truckin70@gmail.com

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

Capital Region Community Development District, 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:

I do not plan to raise funds. I will pay the qualifying fee.

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: 6/12/2026

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:

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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OFFICE USE ONLY

I, Michael T. Glantz,

candidate for the office of Capital Region Community Development District, Seat 3;

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.

Michael Glantz
Signature of Candidate

6/12/2026

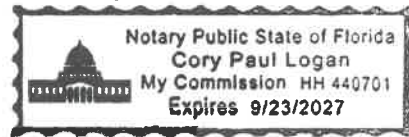
Date

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 12th day of June, 2026.



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

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

2026 JUN 12 AM 10:52

OFFICE USE ONLY

Name to appear on ballot: Michael T. Glantz

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 Capital Region Community Development District
(Office)

3 ; 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.)

Michael T. Glantz (850) 510-1817 truckin70@gmail.com
Signature of Candidate Telephone Number Email Address
3781 Chanticleer Ct Tallahassee FL 32311
Address of Legal Residence City State ZIP Code

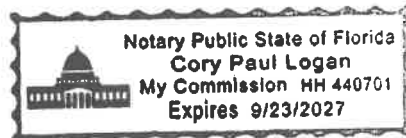
STATE OF FLORIDA
COUNTY OF Leon

Cory Paul Logan
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 12th 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).

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 _____ 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: _____

Mark S. Earley
Supervisor of Elections
Leon County, Florida

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA
2026 JUN 12 AM 10:52

RECEIPT FOR QUALIFYING FEE

Received this 12th day of June, 2026 from Michael T. Glantz,
(Candidate's name)
campaign check number Cash in the amount of \$ 25.00, made payable to
the Leon County Supervisor of Elections, the qualifying fee for the office of
Capital Region CDD, 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.

2025 Form 1 - Statement of Financial Interests

RECEIVED
 SUPERVISOR OF ELECTIONS
 LEON COUNTY, FLORIDA
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General Information

Name: Mr Michael Todd Glantz

| Organization | Suborganization | Title |
|--------------|-----------------|-------|
| N/A | | |

CANDIDATE FOR

| Position | Agency Name | Position sought or held |
|------------------|---|-------------------------|
| Special District | Capital Region Community Development District | Supervisor |

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 |
|--------------------------|-----------------------|---|
| State of FL | 227 N Bronough Street | Investigator & Criminologist |

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 |
|-----------------------|---|
| IRA-State of Fla | State of Fla |
| Pre-paid college plan | State of Fla |

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 |
|--------------------|---------------------|
| University Lending | 111 Park Avenue |

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

Michael Todd Glantz

Digitally signed: 06/12/2026