

**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 11:15

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)

JENNIFER JANKOWSKI GREEN

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

P.O. BOX 46
TALLAHASSEE, FL 32302

4. Telephone:

(850) 841-1726

5. Candidate's Voter Registration #:

105078600

(not required for qualifying purposes)

6. Email Address:

JENNIFER@LIBERTYPARTNERSFL.COM

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

CAPITAL REGIONAL COMMUNITY
DEVELOPMENT (CDD)
DISTRICT - SEAT #5

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:

JENNIFER J. GREEN

12. Telephone:

(850) 841-1726

13. Email Address:

JENNIFER@LIBERTYPARTNERSFL.COM

14. Mailing Address:

P.O. BOX 46

15. City:

16. State:

17. Zip Code: FL 32302

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

19. Name of Bank:

N/A

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:

6/10/2026

26. Signature of Candidate:

X 

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

(SELF)

X I DO NOT INTEND TO RAISE FUNDS.

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

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date:

6/10/2026

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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OFFICE USE ONLY

I, JENNIFER JANKOWSKI GREEN,
candidate for the office of SEAT #5, CAPITAL REGIONAL COMMUNITY DEVELOPMENT DISTRICT (SOUTHWOOD CDD)
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]

6/10/2026

Signature of Candidate

Date

STATE OF FLORIDA

COUNTY OF Leon

[Handwritten Signature]

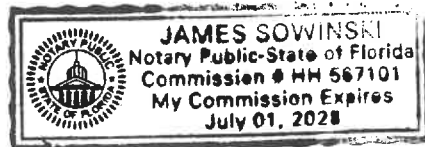
Signature of Officer Administering Oath

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 12 day of June, 2026.



Personally Known OR Produced Identification

Type of Identification Produced: _____

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

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(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

OFFICE USE ONLY

Name to appear on ballot: JENNIFER JANOWSKI GREEN

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.)

~~CAPITAL REGIONAL DEVELOPMENT
DISTRICT, SEAT #5 (CDD)~~

I swear or affirm that I am a candidate for the nonpartisan office of _____
_____, _____, _____, I am a qualified elector of _____ 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.)

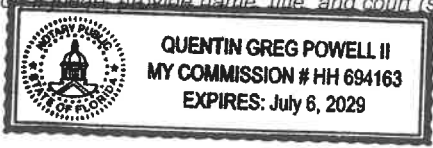
Signature of Candidate: [Handwritten Signature] Telephone Number: (850) 528-9809 Email Address: 02 (850) 941-1726
Address of Legal Residence: 3093 HUGO LN, TALLAHASSEE, FL 32311 State: FL ZIP Code: 32311

STATE OF FLORIDA
COUNTY OF Leon

[Handwritten 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.



Type of Identification Produced: Florida Driver's 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)

Amount	Entity
N/A	

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 LEON COUNTY, FLORIDA
 2026 JUN 12 AM 11:15

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 _____

N/A

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

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LEON COUNTY, FLORIDA

2026 JUN 12 AM 11:15

RECEIPT FOR QUALIFYING FEE

Received this 12th day of June, 2026 from Jennifer Green,
(Candidate's name)
campaign check number CASH in the amount of \$ 25, made payable to
the Leon County Supervisor of Elections, the qualifying fee for the office of

Capital Region Community Development District Sect 5
(Office sought)

Antie Pull II

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

2026 JUN 12 PM 11:15

General Information

Name: Jennifer Jankowski Green

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Special District	Capital Region Community Development District	Seat five

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
N/A		

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
3093 Hugo ln, Tallahassee FL 32311
3093 Merchants Row Blvd, Tallahassee, Fl 32311
4278 Avon Park Circle, Tallahassee fl 332311
9955 County HWy 30-a, Unit 301, Seacrest Beach, FL

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
Bank Documents	Self
401(k)	self

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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
Mortgage - Truist Bank 3093 Hugo Ln	3098 Apalachee Parkway, Tallahassee, FL 32301
Mortgage - Truist Bank 4278 Avon Park Circle, Tallahassee, FL 32301	3098 Apalachee Parkway, Tallahassee, FL 32301

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
<p>Jennifer Jankowski Green</p> <p>Digitally signed: 06/12/2026</p>

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