

**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 AUG 26 PM 4:16

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)

Maxwell "Max" Herrle

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

418 North Meridian, Unit 1
Tallahassee, FL, 32301

4. Telephone:

(850) 508-5841

5. Candidate's Voter Registration #:

118418163

(not required for qualifying purposes)

6. Email Address:

max.herrle@gmail.com

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:

Maxwell Herrle

12. Telephone:

(850) 508-5841

13. Email Address:

max.herrle@gmail.com

14. Mailing Address:

418 North Meridian

15. City:

Tallahassee

16. State:

FL

17. Zip Code:

32301

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:

1301 Metropolitan Blvd.

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: 8/26/25

26. Signature of Candidate:

X [Signature]

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

I, Maxwell Herrle

(Please Print or Type Name)

do hereby accept the appointment designated above as:

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

8/26/25

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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I, Maxwell "Max" Herrle,
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

8/26/25

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).