

**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 MAY -6 AM 9:07

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)

Dot Inman-Johnson

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

2121 Trescott Drive
Tallahassee, FL 32308

4. Telephone:

(850) 445-8807

5. Candidate's Voter Registration #:

104986819

(not required for qualifying purposes)

6. Email Address:

dotfortally@gmail.com

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

Tallahassee City Commission 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:

Dot Inman-Johnson

12. Telephone:

(850) 445-8807

13. Email Address:

dotfortally@gmail.com

14. Mailing Address:

2121 Trescott Drive

15. City:

Tallahassee

16. State:

FL

17. Zip Code:

32308

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:

2111 N Monroe St

21. City:

Tallahassee

22. County:

LEON

23. State:

FL

24. Zip Code:

32303

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: 5-6-2026

26. Signature of Candidate:

X *Dot Inman-Johnson*

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

I, Dot Inman-Johnson do hereby accept the appointment designated above as:
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

28. Date: 5-6-2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X *Dot Inman-Johnson*

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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OFFICE USE ONLY

I, Dot Inman-Johnson,

candidate for the office of Tallahassee City Commission, Seat 5;

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.

Dot Inman-Johnson
Signature of Candidate

5-6-2026
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 6th day of May, 2026.



Personally Known OR Produced Identification

Type of Identification Produced: Florida 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).