

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

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

(PLEASE PRINT OR TYPE)

2026 JAN 13 P 4:00

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)

Joseph Anthony Kalicki

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

2103 CROYDON DR  
TALLAHASSEE, FL 32303

**4. Telephone:**

(850) 228-2364

**5. Candidate's Voter Registration #:**

118224147

(not required for qualifying purposes)

**6. Email Address:**

joefortallahassee@gmail.com

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

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:**

Joseph Kalicki

**12. Telephone:**

(850) 228-2364

**13. Email Address:**

joefortallahassee@gmail.com

**14. Mailing Address:**

2103 CROYDON DR

**15. City:**

TALLAHASSEE

**16. State:**

FL

**17. Zip Code:**

32303

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

**19. Name of Bank:**

FIRST COMMERCE CREDIT UNION

**20. Address:**

1460 Capital Cir NW

**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:**

1/13/26

**26. Signature of Candidate:**

X 

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

I, Joseph Kalicki do hereby accept the appointment designated above as:

(Please Print or Type Name)

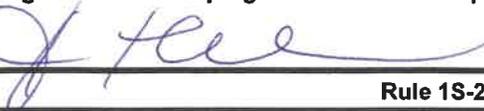
Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

1/13/26

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X 

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)  
(Please print or type)

OFFICE USE ONLY

2026 JAN 13 P 4:00

I, JOSEPH ANTHONY KALICKI,  
candidate for the office of CITY COMMISSION SEAT 5 ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

1/13/26  
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).